PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04600

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Bot newborn infants give residence of mother)
County	State Marglarid County Alleranny
Cily or town (N outside city or town limits, write RURAL and give nearest town)	" A District of the second of
How long in above place of pleath?	City or town
Hospital, institution or street address where death occurred.	Street No. Delmold -
DANN MA ANALIN	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
toler abeth H and	crean
4. Sex 5. Color or face 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Fernale White Indowed	20. DATE DE DEATH June 14 th 19 47, at 2 P
Danney Can day no	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife	12 18 47 to Sun 14 18 47
7. Birth date of	and that I last sath
deceased (mo., day, yr.) July 3, 186	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Cerebal Hurrhage
83 // 7hrsmi	in.
9. Birthplace M. D. M. J. J. Latty, Ca. City, Ca. (Toyn, county, and state)	Due to.
10. Usual occupation Arthursteen orth	337
11. Industry or business Own home.	Due to,
m!	
12. Name Holangh	Dther conditions
2 13. Birthplace Penngylyanale	(Include pregnancy within 3 months of death)
14. Malden name Unishitation 21	Major findings of operations.
N 15. Birthplace	Date of op.
16. Informant alexander anderson	
Address & mar oning Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Landel Hill Cennel	Where did injury occur?
W 100 000	La .
Location The Location	Injured at home, farm, industry, public place (where?) Mesns of injury Injured at work?
18. Funeral director M. Ochhorv	mesas or injury injured at work?
Address Lovaconaria, And	No box 11 ml a - hade
View 17 127 Van John Marina	23. SIGNATURE HELSAND TV. Jothan M. D. or other
(Date rec'd by registrar) Registra	ar Address Linaebing Dol Date signed Steem 17 4



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

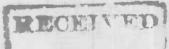
CERTIFICATE OF DEATH

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Reg.	Diat.	No.	 4	_

County		(For newborn infants give residence of a	mother)	
		State Maryland Coun	Allegany	
		City or town		
How long in above place	ce of death?	/irs.	(If outside city or town limits	write RURAL and give nearest town)
	00011 9+		Street No. 208 Beall S	b •
	***************************************		(If rural, give	LOCATION)
			2.(a) If veteran, name war	
3. (a) FULL NAM				3. (b) Social Security Number
		enry James Bergman		None
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Male	White	Widowed	20, DATE OF DEATH. June 13	, 47 ,12:15A
- 45 11 1	Sarah	Long Bergman	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from
			19.5	47 10 year /2 1947
7. Birth date of		5.(c) If alive, give age	and that I last saw halive on	5- 1942
deceased (mo., day	1 11.7	23, 1870	Immediate cause of death	OURATION
O. AGE.	Months	Days If less than one day		unting 24L
1	77 3	20hrs.	min,	
9 Birthnlace	Cumberla	and, Md.	Oue to Auglia Mlan	1 propert
J. 01111.p.10	(Town,	county, and state)		7
		<u> </u>	Due to Calles Set	acros ques
11. Industry or busin	ess Kelly !	Tire Co.		
当 12. Name	James Be	rgman	Other conditions	
	German			
And the second s		ishop	(Include pregnancy within 3 r	
			Major fiediogs of operations	
	Maryla			Date of op
		Bergman	PHYStCtAN: Ptease underline lhe caose to wi	tish doub should be charged statistically
Address 11	Grand Av	e. Cumberland, Md.		
		Date thereof June 16,194 (month) (day) (year)	7 22. VIOLENCE: If death was due to external cau	
(Burial, cremati	on, or removal. Which?	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crema	atory S.S.	Peter & Paul	Where did injury occur?(City or town)	(County) (State)
Location	Cumbe	rland, Md.	Injured at home, farm, industry, public place (w	here?)
18 Superal director	Charles	L. George	Means of Injury	Injured at work?
Address	Cumberl	and, Md.	4/11/201	allem Ind
		00 t 10. 30	23. SIGNATURE	M. Dor other
19. Mulle	14 19 47	Regis	strar Address Canalant	Date signed



JUN 18 1947

BUREAS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore | 860

04602

CERTIFICATE OF DEATH

D. N. 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	State Md. County Allegany
City or town	
How long In above place of death? about 3 1/2 days	City or town. Flints.tone (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street addrees where death occurred:	
Allegany Hospital	Street No
How long In hospital or Institution? about 3 1/2 days	2.(a)-if yeleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Tomog w Dliggond	None
James w. Blizzard 4. Sez 5. Color or race 5. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	2D. DATE OF DEATHJune
6.(b) Name of hueband or wife Esther Blizzard	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
7. Birth date of	and that I last saw him ail and June 10 19 47
deceased (mo., day, yr.) Jan. 14. 1878	Immediate cause of death Traumatic contusion DURATION
8. AGE: Yeare Months Days It less than one day	of skull & dislocation of the about
69 4 26hrsmin.	5th cervical vertebrae with 3 1/2
	***interruption of spinal cord days
9. Birthplace Keyser, Mineral Co, West Virginia (Town, county, and state)	
10. Usual occupation. Retired Foreman	& quadripledgia due to a fall
10. 0001 0000	** from 2nd floor of building
11. Industry or business Md State Roads Commission	to ground.
12. Name Jesse Blizzard Keyser, W. Va	Other conditioneabrasion of chin &
3. 8irthplace Keyser, W. Va	laceration palm of rt. hand.
14. Maiden name Delilah Elbin Keyser, W. Va.	
Keyser, W. Va.	Major findings of operations
	Date of op.
16. Informant Mrs James W. Blizzard	Autopsy results
Addrees Flintstone, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buriol 6/13/47	22. VIOLENCE: If death was due to external causee, fill in the following:
17 Burial Burial (month) (day) (year)	Accident, suicide, or homicideaccident
Cemetery or crematory Glendale Cemetery	Where did Injury occur? Gilpentown Allegany Md.
Location Flintstone, Md.	Injured at home, farm, industry, public place (where?) near home
18. Funeral director William H. Kight	Means of injuryerecting building brider work? yes
Address Cumberland, 1.d.	
	23. SIGNATURE H. V. Deming M. D. H.V. Daming M. D. or The A.
19. March 13. 18 47 J. P. Franklin, M. Date rec'd by registrar Registrar	Address Cambuland and Date signed 6-10/47

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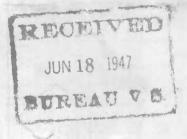
WHAT UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly,

WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 1860

04603

CERTIFICATE OF DEATH

2411 N. Cha	arles St., Baltimore 1860 U40U3
CERTIFICA	ATE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. HORE STATEMENT OF THE COUNTY
How long In hospital or institution?	2.(a) It veteran, name war
Rose Belle Boch	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 2D. DATE DE DEATH. 21/22
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) October 20, 1893	ears and that I last saw h & C at De 4 2 19.
8. AGE: Years Months Days It less than one day 53 7 23	Immediair cause of death United Confluent Bronche Procumonia
9. Birthplace. Christer land. Allegancy. Co., Md. (Town, county, and plate) 10. Usual occupation. Seem stress 11. Industry or business Refail Clothing 12. Name. Searge Boch 13. Birthplace Allegany Co. Md.	Due to Heart of the left lemma 2.75 Due to Fall on slifting hitcher Diher conditions.
14. Malden name Bargara O'Baker	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant: Edward Back	Antopay results
Address #30 Valley St., Comberland, Maryland 17. Buria, cremation, or removal. Which?) Cemetery or crematory 573 Peter # Pauls	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Location Comberland, Maryland 18. Funeral director John A. Hafer Address Comberland, Maryland	Means of Injury Medical Examiner Allegany
(Date rec'd by registrar) 18 4 7 J. P. Trankline, M. D. Registr	M. D. er other

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JUN 18 1947

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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ø.	Diat.	No.	T

		CERTIFICA	Reg. Dist. No.
1. PLACE OF D		Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany City or town (tf outside city or town limits, write RURAL and give nearest town)			state Maryland county Allegany
Ulty or town(t	f outside eity or town li	mits, write RURAL and give nearest town)	City or town
Hospital, institution,	or etreet address where	death occurred:	Street No. 309 Washington St
***************************************	309 Was	shington St	(tf rural, give LOCATION)
How long In hospital	or Institution?		2.(a) It veteran, name war
3. (a) FULL NA		otte McClellan Bowers	3. (b) Social Security Number None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
remale	White		20. DATE OF DEATH Que 1 24 1947 at 40
	Hi	xon T. Bowersox	21. I CERTIFY that death occurred on the plate above etated; that I attended deceased from
6.(b) Nama of husba	nd or wita	EO	
7. Birth date of deceased (mo., da	July		and that I last sawh a alive on 194
	ars Months	Days If less than one day	Immediate cause of death
		hre.	nin. Cecil Coronary Thronton
		rk Co, Penna county, and state)	Due to
1D. Usual occupatio	H	louse	Due to
11. Industry or busin	1000	11	.4 010
当 12. Name	01 F 1 147	m J. McClellan	Other conditions Chole Liptilis - 3 yrs
13. Sirthelaca	T)	ssville, Pa	
		ane Oberdier sville, Pa Bowersox	(Include pregnancy within 3 months of death) Major findings of operations.
E 15 Birthniane	Ros	sville. Pa	Major findings of operations. Date of op.
- 13. Britispase	Hivon T	Bowersox	
16. Informant		······································	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address 309	Washington	St, Cumberland, Md.	22. VIOLENCE: It death was due to external causes, till in the toilowing:
17. Bu	rial ion, or removat. Which?)	Date thereof 6/4/47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Hill Crest Cemetery			Whera did injury occur?
		umberland, Md.	
		am H. Kight	Mesns of Injury Injured at work?
Address	Cumberla		Ded with
0		A / 1- 11.	23. SIGNATURE M. D. or other
19 Claud Date rec'd by	4 19 4 7 registrar)	J. T. Oranklun, M. Regist	rar Address General Red Date signed 6 = 7 -4

mr Hight

RECEMBERS

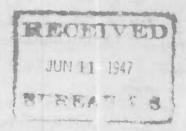
JUN 17 1947

W. B. V. C.Q.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Outside City Lin	MARILAND STATE DE	PARTMENT OF HEALTH	04605
ect A wall		E OF DEATH	Reg. Dist. No.
on carefully. The correlearly and legibly	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of me state Maryland Count City or town LaVale (If outside city or town limits, Street No	write RURAL and give nearest town)
information of death cle	3. (a) FULL NAME		3. (b) Social Security Number
nfor of d	Elizabeth Catherine Buchl	MEDICAL CEI	None
	Female White Widowed	20. DATE OF DEATHJune 1,	
R BINDING very item of i	8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above March 4	stated; that I attended deceased from 7, to June 1, 1947
SUED FOR Supply eve	deceased (mo., day, yr.) July 6, 1867 8. AGE: Years Months Days If less than one day 79 10 25 hrs. min.	Immedia: cause of death	s with stones ?
RGIN RESERVED ADING INK. Supp	9. Birthplace Cincinnati, Ohio. (Town, county, and state) 10. Usual occupation Housewife	Due to. Diabetes mellit Hypertension Due to. Toxic Goitre	
UNF tant.	11. Industry or business 12. Name	Other conditions	
WITH UNI	15. Birtholace Cumberland, Md.	Major fiediogs of operations	
PLAINLY, vis especially	Address Narrows Park, Cumberland, Md. Burial (Burial, cremation, or removal, Which?) Burial Date thereof June 4, 1947 (month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to whin 22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	ch death should be charged statistically.
9-45-15M WRITE PL	(Burial, cremation, or removal. Which?) Cemetery or crematory S.S. Peter & Paul Location Cumberland, Md,	Where did Injury occur?(City or town) Injured at home, farm, Industry, public place (whe	(County) (State)
	18. Funeral director. Charles L. George	Means of Injury	Injured at work?
VS A15	Address Cumberland, Md., 19. Lune 4. L. F. Janklin, M. D. Date rec'd by registrar Registrar	23. SIGNATURE. W. A. V. M. Address. 110 S. Centre St	M. D. or other Date signed 3 June, 47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 182

CERTIFICATE OF DEATH

04606 4 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany	State Md. County Allegany		
City or town. (If outside city or town limits, write RURAL and give nearest town)		*************************	
How long in above place of death?	City or town Cumberland (If outside city or town limits, write RURAL and give near	rest town)	
Hospital, institution, or street address where weath occurred:	Street No. 173 Thomas St.		
/ 3 S10 Mass S1.	(If rural, give LOCATION)		
How long in hospital of institution?	2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security 1	Number	
Karon Lee Cage	More	1	
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	n houst	
female white single	20. DATE OF DEATH. June 3. 19.4.7.	about	
	21. I CERTIFY that death occurred on the date above stated: that I attended decea		
6,(b) Name of husband or wife	19 10		
7. Birth date of	and that I last saw her all oned June 3		
deceased (mo., day, yr.) Dec. 9 - 1 1946	Immedia:- cause of death	DURATION	
8. AGE: Years Months Days If less than one day	Suffocation	at	
0 5 24 jhrsmin.		once	
9. Birthplace Cumberland Md.	Due to a bed pillow accidently		
(Town, county, and state)	fell down on her face as she		
1D. Usual occupation	oww was *lying on her back, in		
11. Industry or business	bed.		
12 Name William R. Cage			
13. Birthplace Cumberland Md.			
	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
	Date of op		
16. Informant Wm F. Cue	Actopsy resolts	91	
Address 173 Thomas St. Cumber and Ml.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	7 4 2	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, evicide, or homicide	D=A_/	
Cemetery or crematory Hillane Bunk Pank	Where did injury occur? Cumberland Allegany (County)	(State)	
Location Cumbaland, Ml.	Injured at home, farm, Industry, public place (where?) home		
	Means of Injury as above tnjured at work?		
18. Funeral director. The String Stri	Deputy Medical Examiner - All	egany (
Address Cumbeland Mil	23. SIGNATUREH . V. Deming M.D. H.V. Dem	ng M.J.	
19 Jane 5, 19 47 & P. Jankhii, M. A.	M. D.	Sher /	
19. 19. The Registrar Registrar	Address Cumberland Md Date signed	15/4/	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

JUN 11 1947 BY NEAU V S. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 559

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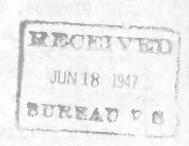
046074 Reg. Diat. No.

1947

At 1	Keg. Ditt. No
1. PLACE OF DEATH: County	State Maryland County Allegany City or town Frost burg (If outside city or town limits, write RURAL and give nearest town) 30 Green St.
EDWARD JAMES CARDER	212-10-9260
4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 7 June, 19.47 3:00 A.
6.(b) Name of husband or wife Virgie M. Carder 6.(c) If alive, give age 53 7. Birth date of 53	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 11 March, 1947 10.7 June, 19.47 years and that I last saw him alive on June 6, 19.47
deceased (mo., day, yr.) September 22, 1891	Generalized carcinomatosis,
9. Birthplace Glencoe, Somerset, Pa. (Town, county, and state) 10. Usual occupation Stationary engineer 11. Industry or business Fire clay mines 12. Name James Carder. 13. Birthplace Pennsylvania	Jue 10
14. Maiden name Janet Rohison. 15. Birthplace Maryland 16. Informant Elmer Carder.	Major findings of operations
16. Informant Elmer Carder, Address Frostburg, Md.	Autopsy results
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory St. Michael's Cemetery	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Location Frostburg, Md.	Injured at home, farm, Industry, public place (where?) Meene ot injury Injured at work?
Address Frostburg, Md. 19 Lune 9, 19 47 J. P. Franchling, M.	23. SIGNATURE W. alfred Van Orna, M. B. M. D. or other 110 S. Centre St. Cumb. 9 Jume.

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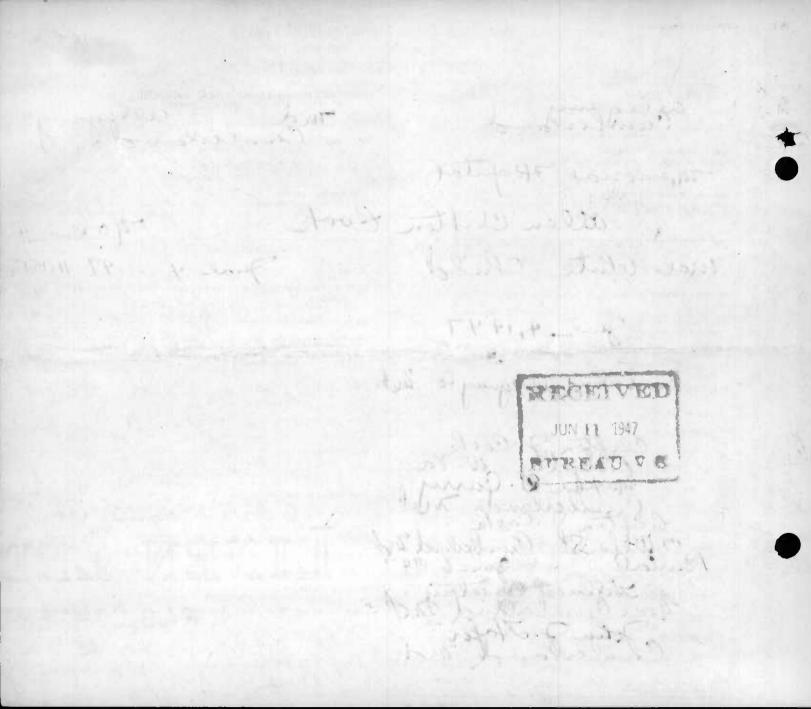
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1600

CERTIFICATE OF DEATH

04608 4 Reg. Diat. No.

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	County Classification of the County County	(For newborn in fants give residence of mother)
	City or town	State County County
1		(If outside city or town limits, write RURAL and give nearest town)
4	How long in above place of death?	, /
	Rospital, institution, or street address where death occurred:	Street No. 17 Weber 37.
H	Tyenous Hospilar	(If rural, give LOCATION)
1	How long in hospitat or Institution?	2.(a) It veteran, name war
П	3. (a) FULL NAME	3. (b) Social Security Number
	allen Clifton	5006
	4. Sox 5. Color or race 6.(4) Single, married, widowell or diverced	
П	4. Sox 5. Color or race 6.(4) Single, married, widowell, or diverced	MEDICAL CERTIFICATION
	male white Child.	20. DATE OF DEATH. 19 47 21 11: 15 Th
		21. I BERTIFY that death occurred on the dato above stated; that attended daceased from
	8,(b) Name of husband or wifo	fine of 19 the 4 19 th
П		and that I last saw h. 1 M alive on June (14 19 4)
Ц	7. Birth dato of deceased (mo., day, yr.) June 4, 1947	V. A
	8. AGE: Years Months Daya It less than one day	Immedia Cruse of death OURATION
	hrsmin.,	The state of the s
	9. Birtholace Cumberland allegany o and	0uo to
	(Town, tounty, and state	voconga savi.
	10. Usual occupation	Quo to
	11. Industry or businesa	
	12. Name. W. Va.	Other conditions
		(Include pregnancy within/3 months of death)
	# 14. Maiden name Market O. Curry	1/ oul
	14. Maiden name. Warfall Curry 15. Birthplace Curry	Major findings of operations.
	El 15. Birthplace	Date of op.
	16. Interment Colif Con J. Corta	Autopsy results
1	Address 19 Weller St - Cumberland and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	10	22. VIOLENCE: If death was due to external causes, fill in the following:
	(Burial, cremation, or removal, Which?) Date thereot (monty) (day) (year)	Accident, suicide, or homicide
	-1:00 + 00 at	Whera did injury occur? (City or town) (County) (State)
	Cemetery or crematory. Herelot, Cemeling	Whera did injury occur? (City or town) (County) (State)
	Location year williams Out	Injured at home, farm, industry, public place (where?)
	De O The	Meana of Injury Injured at work?
	18. Funeral director	1, Man de de Maria
	Address leveleland Wo	No Mice Moderate In
	() 12 OF 11. 3 A	23. SIGNATURE A J. D. or other
	Date ree'd by registrar) (Date ree'd by registrar)	Address University, Bate signed 6/6/2
	(Value rec of the regionar)	Audica)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

Dr. P. R. W.104609

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEA	ATH:	gany		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
City or town(If o	Wester outside city or town li	nnort mits, write RURAL and giv	re nearest town)	State Maryland county Allegany City or town Westernport (If outside city or town limits, write RURAL and give nearest town)					
How long in above piace Hospital, Institution, or	of death?	30 years	***************************************						
		d St		Street No. 413 Hamr	nond St.	OCATION)			
How long in hospital or	Institution?	•••••	***************************************	2.(a) If veteran, name war		***************************************			
3. (a) FULL NAME	E					3. (b) Social Security			
		E JOSEPH CU				705-07-	2248		
4. Sex	5. Color or race	6.(a)Single, married, widow	ed, or divorced	ME	DICAL CEI	RTIFICATION			
Liale	White	Marrie	Б	20. DATE OF DEATH	June 22	19.4.7	1:15a		
6.(b) Name of husband	or witeAnna	Carney Cun	mings	21. I CERTIFY that death occurred	d on the date above	stated; that I attended deci	eased from		
		6.(c) If alive, give a	ge 64 years	June 1	19.7	4 - 2-7	1947		
deceased (mo., day, p	March	18, 1882	0	Immediate cause of deathE.	mholic	m Coronery	DURATION		
8. AGE: Years	Months	Days It less than	one day	Artery - An					
65	3	4hi		Hypertex	sion		1 Year		
8. Birthplace Dun	bar, Faye	tte, Pennsy	lvania	Due to	***************************************				
		sts Helper					***************************************		
11, Industry or business				Oue to			•••		
				Other conditions			** ************************************		
13. Birthplace	"seston	. West Virg	inia						
岩 14. Maiden name	Katheri	ne McCusker)	(Include pregnancy within 3 months of death) Major findings of operations					
15. Birthplace	III Sava	ne McCusker ge, Marylar Cummings	ıd	Major findings of operations					
16. Intermant	rs Anna	Cummings		Antoney results NO	218		000111000001000000000000000000000000000		
Address	esterno	rt, Marylar	id	PHYSICIAN: Please underline			,		
		Date thereofTune		22. VIOLENCE: If death was du Accident, suicide, or homicide,					
Cemetery or cremator	"St Pet	ers Cemeter	. У	Where did injury occur?	(City or town)	(County)	(State)		
Location	sternpor	t, Maryland		Injured at home, farm, Industry, I	public place (when	re?)			
		h S. Boal		Means of Injury		Injured at work?			
The state of the s				23. SIGNATURE OCU	- QA	Wio_	2112		
9.	2-3 147	rt arylar	ld no	23. SIGNATURE	111	M. D.	or other		
Date rec'd by reg	gistrar)	- Houghton	Registryr	Address Lectino	nt, W	Ve Date signed	Time 23,194		

RECEILES
JUN 24 1947



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ADING INK. Supply every item of Physicians: please write the causes

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2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Diat. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Allegan	(For newborn infarts give residence of mother)	
City or town	State County County	any
How long in above place of death? 3.5	City or town (If outside city or town limits, write RURAL and two neare	st town
Hospital, Institution, or street address where death occurred:	Street No. Joseph Jagori	
How long In hospital or institution?	(If rural, give OCATION)	
3. (a) FULL NAME	3. (b) Social Security No	
4. Sex 5. Both or race 8. (a) Single, married, widowed or divorced	h Loubel	ambei
4. Sex 5. Boffer or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	.300
Temster Thing Videling	20. DATE OF DEATH June 24 19 47	II /
6.(b) Name of husband or wife Abels	21. I CERTIFY that death occurred on the date above stated; that t attended decease	
7. Birth date of Some South Allve grive age years		194
deceased (mo., day, yr.) Mos. 3 rd. 1878	and that I last saw hold alive on	OURATION A
8. AGE: Years Months Days If less than one day	Chronic Myosaidiles 5	energy
69 3 24hrsmin.	- A	years
9. Birthplace (Town, county and spate)	- Docto Hyperlensis	
10. Usual occupation Sanafuelle		
11. Industry or business	Due to	************************
	Other conditions O Kerrosco & hence	1 year
12. Name John Fresh 179 13. Birtholage Local Bright		
14. Malden name Mary Buskey	(Include pregnancy within 3 months of death)	
15. Birthplace Local Brand	Major findings of operations. Oute of op.	••••••••••
16. Informant 2005 John Villa	Autopsy results.	***********************
Address P. N. 762 Box 14 Frostling	PHYSICIAN: Please underline the cause to which death should be charged sta	tistically.
17. Buses Date thereof 6 - 38-1947	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide	
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Trestly	Injured at home, farm, Industry, public place (where?)	,
18. Funeral director Lacoff States	Means of Injury Injured at work?	(
Address Frestling Ind.	mAm & uno se	my
10 6-28 104N/ 20 000 Co Price	23. SIGNATURE	etiter
(Date ree'd by registrar) Registrar	Address Das Very My Bete signed Ve	me24174



2411 N. Charles St., Baltimore 95 6

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CERTIFICA	ATE OF DEATH Rog. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Im. Jos. Donah	3. (b) Social Security Number 214-01-3674
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced yale 6.(b) Name of husband or wife 6.(c) If alive, give age 5. 2. yo	San - will a counce of with ?
8. AGE: Years Months Days It less than one day 8. Rightniage Toward Adv. 18 9	2 Immediate Juse of death Durante Service DURATION Service
1D. Usual occupation. Sales (Two, egonty, ord state) 11. Industry or business Sales Apyraghmen	Due to
12. Name Jack Jack Maller 13. Birthplace Footburg Maile 14. Maiden name 6 Jack Mary Jack Stringer	Other conditions
16. Interment One Country of the Cou	Major findings of operations
Address 17	Accident, Suicide, or numicide
Location Tach Carlos 18. Funeral director Address Toronthis San	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18 6 21 18 47 Blanche O. Price (Date ree'd by registrar) Octure Regist	23. SIGNATURE M.D. of other M.D. of other Address Address M.D. of other 20 - 4)

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

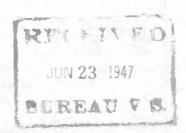
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9 4 0

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	State Maryland County Allegany					
City or town Rural R. D. #2 Cumberland (If outside city or town limits, write RURAL and give nearest town)	Gity or town Rural R. D. #2 Cumberland, (If outside eity or town limits, write RURAL and give nearest town)					
How long in above place of death?	(12 0200120 010) 01 00 1111 11111 11111 11111					
R. D. #2 Cumberland.	Street No. R. D. #2 Cumberland,					
	(If rurn), give LOCATION) World War #1					
How long In hospital or Institution?						
3. (a) FULL NAME	3. (b) Social Security Number					
Matthew Dowling Sr.	705-07-6838					
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION					
mare will be married	20. DATE OF DEATH June 1, 19 47 21 8:00					
6.(b) Name of husband or wife. Hazel Liller	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from					
6.(c) wante of nusuam of wife	June 19 19 James 19 4					
7. Birth date of T. 7. 2 1881	and that I last saw b alive on 194					
deceased (mo., day, yr.) July 3, 1881 8. AGE: Years Months Days 11 less than one day	Immediair cause of death					
(/ 30 00	A					
	Coronery Thembous					
9. Birthplace Grafton, W. Va. (Town, county, and state)	Due to					
1D. Usual occupation Retired Engineer						
11. industry or business B. &O. Railroad	Due to					
Metthew Dowling						
Panno	Dther conditions					
E. 13. Bittiplace	(Include pregnancy within 3 months of death)					
E 14. Maiden name Lee Ann Neil	Major findings of operations.					
\$ 15. Birthplace Grafton, W. Va.	Date of op.					
14. Maiden name Lee Ann Neil 15. Birthplace Grafton, W. Va. 16. Informant Mrs. Hazel Dowling	Autopsy results					
Address R. D. #2 Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.					
	22. VIOLENCE: If death was due to external causes, fill in the following:					
Burial Burial Date thereof June 3, 1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide					
Cemetery or crematory Philos Cem.	Where did injury occur?					
tocation Westernport, Md.	Injured at home, farm, industry, public place (where?)					
18. Funeral director Charles L. George	Means of Injury Injured at work?					
Address Cumberland, Md.	20 & Lunes					
Address Outhor Land, Ma	23. SIGNATURE					
(Oate rec'd by registrar) (Oate rec'd by registrar)	See See M.D. or other					
(Date rec'd by registrar) Registrar	Address Date signed L.					

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ADING INK. Supply every item of information carefully. The comprisions: please write the causes of death clearly and legibly.

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information carefully of death clearly and

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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					2	4	L	-	-	
Reg.	Dist.	No.	 	 	 ٠.,	ļ.,				

. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty ALLEC	AHY			(For newborn infants give residence of mother) MADVIAND
ity or town .CUMBE	RIAND outside city or town li	mite write R	State MARYLAND County ALLEG	
			City or town	
lospital, institution, or	street address where	de n occurred	4 ms 100	Street No. 11 GRAND AVENUE
			***************************************	(If rural, give LOCATION)
low long in hospital or	r Institution?5	MAYS	······································	2.(a) If veteran. Hame war
B. (a) FULL NAM	E			3. (b) Socia
ד דמות	ATATATATATA			715
LARI I	DRENNING 5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICAT
	***		144777	G
MALE	W		MERRIED	2D. DATE OF DEATH
S.(b) Name of husband	or wife PEARI	WH	ETZELG	21. I CERTIFY that death occurred on the date above stated; that I
			e) If alive, give age	40 40
7. Birth date of				and fhat I lasf saw halive on
deceased (mo., day,)		RY 27,	1896	Immediate ause of death
o, redai.		Days		Chelony fellows as
-5	4	10	hrsr	nin.
9. Birthplace	MARYLAND,	UMBERI	AND ALLEGANY	Due to Clron
	(Town,	country, and	states	
1D. Usual occupation	MACHIN	7.E.D.T	***************************************	Due to Due to
1f. Industry or busines	B&ORA	ILROAD		
E 12. Name DREN	INING WILL	TAM		Other conditions
13. Birthplace V	VEST VIRGII	AIN		
		TT		(Include pregnancy within 3 months of death)
14. Maiden name.			•••••••••••••••	Major findings of operations.
15. Birthplace	MARYLANI		1	Date
16. Informant	rl Dre	nm	ng Ju.	Autopsy results
Address	Comto		100	PHYSICIAN: Please underline the cause to which death should
Address	SWIN A		Q 12 N	22. VIOLENCE: If death was due to external causes, fill in the following
17. Chural, cremation	or removal Which?	Date ther	eof me IP +	Accident, suicide, or homicide
Cemetery or ccemate	Rai	Hell	Cem.	Where did injury occur?(City or town) (Cour
Cemetery of Cleman	Man D	. 4	0, 1	Injured at home, tarm, Industry, public place (where?)
LocationCo	more	1		
fB. Funeral director	doms	su	m Ine	Means of Injury Injured
Address		Such	and .	N. H. T.
Mutreas	UNIN		OF 11. SA.	X 23. SIGNATURE
19 Xuul	9 19 4 egistrar	7 /	1. Marken Du	O. 126 Heury A Landand
/ Date rec'd by re	egistrary /	0	Regist	trar Address

(For newhorn miants give residence of mother)
State MARYLAND County ALLEGANY
City or town CUMBERLAND (If outside city or town limits, write RURAL and give nearest town)
Street No. 11 GRAND AVENUE
2.(a) If veteran, Name war
3. (b) Social Security Number
705-05-5294
MEDICAL CERTIFICATION
June 7 47 433 P
2D. DATE OF DEATH 19 47 21 430 P. N
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
and that I lasf saw h
Immediate ause of death / Secur age Saar
Due to Seron Syr
Due 10 Pyperleum: P.
N
Dther conditions
(Include pregnancy within 3 months of death)
Major findings of operations.
Date of op.
Autopsy results
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur?
Injured at home, tarm, Industy, public place (where?)
Means of Injury Injured at work?
23. SIGNATURE N. (Large Was)
126 Years & Cauberland Up at signed.

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BUREAU VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 99

04615

CERTIFICATE OF DEATH

		.1
Reg. Dist.	No	

1. PLACE OF DEA			••••	(If outside city or town limits, write RURAL and give nearest town)				
City or town	MBERLAND	MAR mits, write F	TOTAL and give nearest town)					
Hospital, institution, or	street address where MEMORIA	death occurred	***************************************					
How long in hospital or	Institution?	9 DAY	S	2.(2) If veteran, name war				
3. (a) FULL NAME SAR		V		3. (b) Social Security Number				
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION				
FEMA LE	WHITE		MARRIED	20. DATE DE DEATH JUNE 13, 1517 at 9P20K M				
6.(b) Name of husband	or witeNICH	OLSON	FILBECK	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
7. Birth date of		6.(c) If alive, give agey	and that last saw h de alive on 3 19.				
deceased (mo., day, y				Immediate cause of death DURATION				
8. AGE: Years	Months	Days	If less than one day	in gastre of temostage 12 lags				
	MARY	LAND		Due 1 Chaded arters 2				
9. Birthplace	// (Town,	county, and	gtate)	in struck				
10. Usual occupation	Nous	wif		Due to.				
11. Industry or business								
E		LASH	BAUCH	Other conditions				
13. Birthplace	MD.			(Include pregnancy within 3 months of death)				
14. Maiden name	MARION	BROWN	·	Major findings of operations				
≥ 15. Birthplace	MD		0	Date of op.				
16. Informant	chuls	577	Elbert	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Address	Januar.	7	1	22. VIOLENCE: If death was due to external causes, fill in the following:				
17. (Burial cremation	or removal. Which?	Date the	(month) (day) (year)	Accident, suicide, or homicide				
Cemetery or cremato	4	2-40	El Cant	Where did injury occur?				
Location 2	neve	ww		Injured at home, farm, Industry, public place (where?)				
-	721	0	Low	Means of Injury Injured at work?				
18. Funeral director	arun		y such	(Se les les				
19. Kune	1319.4.7.	1	P. Franklin, M. L.	23. SIGNATURE M. D. co-other/				
/(Date rec'd by rea	ristrar) //	//	Regist	rar Address Bate eigned 6				

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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: ALLEGANY (For newborn infants give residence of mother) CUMBERLAND State MARYIAND County ATTEGANY (If outside city or town limits, write RURAL and give nearest town) CUMBERLAND 603 KENT AVE. Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL (If rural, give LOCATION) 3 DAYS How long in hospital or institution?.. 2.(a) Il veteran, name war FLIZABETH 3. (a) FULL NAME 3. (b) Social Security Number MRS. NANNIE EVANS 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION FEMALE WHITE MARRIED 20. DATE OF DEATH JUNE 21. 1947 21. I CERTIFY that death occurred on the date above stated; that I atjended deceased from 6.(c) Il alive, give ageyears 7. Birth date of deceased (mo., day, yr.) It less than one day 8. AGE: 10. Usual occupation...........HOUSE WIFE 11. Industry or business WILLIAM LOY WEST VIRGINIA 13. Birthplace JANE SMITH (Include pregnancy within 3 months of death) 14. Maiden nar 15. Birthplace 14. Maiden name Major findings of operations PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: II death was due to external causes, fill in the following: month) (day) (year) Accident, suicide, or homicide..... Where did Injury occur?(City or town) (County) Injured at home, larm, Industry, public place (where?) Injured at work? Meens of Injury 23. SIGNATA

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

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			CERTIFICAT	TE OF DEATH	Reg. Dist. No	7
1. PLACE OF DEATH: County ALLEGANY. City or town				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
FEMALE	WHITE			20. DATE OF DEAM June 2	19 47	9P
6.(b) Name of husband 7. Birth date of deceased (mo., day, y			c) If alive, give ageyears	21. I CERTIFY that death occurred on the date a	A7. Jem	eased from
8. AGE: Years 9. BirthplaceCUM 10. Usual occupation 11. Industry or busines	BE LAND A			Due to		DURATION
12. Name WILLIAM FAGAN 13. Birthplace VIRGINIA				Other conditions		
14. Maiden name BETTY LUTTRELL. 15. Birthplace MD.				(Include pregnancy within a		
16. Informant Mr. William Fagan Address 320 Dorn Ave. Cumberland. Md.				Autopsy results		! statisticatly.
Burial Date thereof June 4,1947 (Burial, cremation, or removal, Which?) Cemelery or crematory St. Mary's Location Cumberland, Md.				22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
		es L.	George	Means of Injury	Injured at work?	~~~
	4 1947	() (Fauklie, M. D.	23. SIGNATURE	M. Date signed	or other 4/4

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JUN 11 1947 BOREAU V & e meret age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 54 6

Dr P E Berry

CERTIFICATE OF DEATH

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1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
7 1	state aryland county Allegany
City or tows	City or town
How long in above place of death? 15 Year.S. Hospital, Institution, or street address where death occurred:	
90 Mullen Avenue	Street No. 90 Mullen Avenue (If rural, give LOCATION)
How long in hospital or inetitution?	2.(a) If veteran, name war
O () TYPE MARE	3. (b) Social Security Number
Maxine XXXXXXXX Funkh	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH
6,(b) Name of hyshend or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	march 197, 10 June 21 14
7. Birth dete of deceased (mo., day, yr.) January 7, 1932	and that I last eaw h. C.Y. alive on June 12.
8. AGE: Yeere Months Days If less than one day	Immediate cause of death
15 5 14	spinel Cond 3mo
9. Birthpiace Luke, Allegany, Maryland (Town, county, and state)	Due 10
1D. Veual occupation Student	Buck
11. Industry or businese	DUE 10
	Tither conditions
12. Name Walter J. Funkhouser 13. Birthplace Lost City, West Virginia	
	(Include pregnancy within 8 months of death) Maior E-dirac of correlators Carcanama , Spinal
14. Malden name Martha Whitaker 15. Birthplace Capon Bridge, West Virginia 16. Informant Walter Funkhouser	major madings of operations.
IXI 14 The late of the late	Date of op. April - #
	Autopsy results
Address 90 Mullen Avenue, Luke, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;
Rurial Date thereot Jine 23, 1947 (Burial, cremation, or removal, Whieh?)	Accident, suicide, or homicide
Cemetery or crematory. Philos Cemetery	Where did injury occur?
	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Location Westernport, Maryland	Meane of injury Injured at work?
18. Funeral director Fllsworth S. Boal	A C
Address Westernport, Laryland	23. SIGNATURE JEBERRY MN.
19 kine 23 19 47 Physial Bor Mil	M. D. or other
(Date rec'd by registrar) Registrar	Address Teedmon Wo Date signed 6/19/19

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JUN 24 1947

BUREAU V 6.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93 d

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CERTIFICAT	E OF DEATH Reg. Dist. No.	*****
1. PLACE OF DEATH: County Allegany Property Pro	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) StateMd	
City or town (rural) North Branch R. F. D. 4. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town(Rural)NearCumberlandMd(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.R.F.D.4 North Branch (If rural, give LOCATION)	********
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Pearl Filizabeth Galliher 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	Orone.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white married	20, DATE OF DEATH June 18 194.7	50P.M
6.(b) Name of husband or wife Frank R. Galliher	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	and that I last saw h.er. all Dead June 18 19	
deceased (mo., day, yr.) Dec. 18 - 1889		ATION
8. AGE: Years Months Days It less than ooe day	Chronic Myocarditis seve	ral
57 6 0hrsmin.	year	. g
9. Birthplace Little Orleans Md. (Town, county, and state)	Due to	
10. Usual occupationHousewife	Due to.	
11. Industry or business		
12. Name F. William Twigg 13. Birthplace Little Orleans Md.	Dther conditions	***********
Z 13. Birthplace Little Orleans Md.	(Include pregnancy within 3 months of death)	
14. Maiden name Mary Catherine Leighty 15. Birthplace Jittle Orleans Md. 16. Informant Frank R. Calliher		
15. Birthplace Tittle Orleans Md.	Major findings of operations	
16. Informant Frank R. Galliher	Actopsy results.	
The House of PED 416	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: It death was due to external causes, fill in the following:	
17. Burial Date thereot June 21 1047 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Davis Memo. Cem.	Where did Injury occur?	
Location R.F.D.4 Cumberland, Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Louis Stein Inc.	Means of Injury Injured at work?	0
Address Cumberland, Md.	Deputy Medical Examiner - Allegany	-
19. June 20, 19 47. Glienten Chairly Megistrar	23. SIGNATUREH. V. Deming M. D. H. V. Daming M. D. M. D. Date signed M. Date signed M. Date signed M. D. M.	147

PLAINLY, WITH UNFADING INK. Supply every item of information care is especially important. Physicians: please write the causes of death clearly PLEASE

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JUN 24 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92 %

CERTIFICAT	E OF DEATH Reg. Diat. No.
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ext) newborn infants rive residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 5.20 (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME anna m. Braber	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Hemse Unite Hodowed	MEDICAL CERTIFICATION 20. DATE OF DEATH June 21 1947, 21 150 A. N
8. AGE: Years Months Days It less than one day 9. Birthplace (Town, county, and state)	21. I CERTIFY that Ceath occurred on the date above stated; that I attended deceased from 19. to 22 / 37 18. and that I last saw h. M. alive on 22 / 37 19. Immediate cause of death. DURATION DURATION Due to 25 / 37 / 37 / 37 / 37 / 37 / 37 / 37 / 3
11. Industry or business 12. Name. J. Mank. Soellner. 13. Birthplace Sermony 14. Maiden name. Elizabett Handel	Other conditions (Include pregnancy within 3 months of death) Major fiediogs of operations
14. Maiden name	Major fieldings of operations
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. A the Location of the control of the contro	Accident, suicide, or homicide
18. Funeral director. Address Cumberland M. A. 19. Hand M. 1947. Winter R. Tranh. M. A. Date rec'd by registrar) Registrar	Means of Injury thjured at work? 23. SIGNATURE M. D. or other Address Address

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

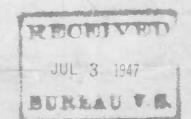
WRITE

PLEASE

VS A15

JUN 24 1947

Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: Hospital Institution, or street address where death (If rural, give LOCATION) How long in hospitator institution?... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH .. deceased (mo., day, yr.) DURATION 8. AGE: RESERVED 10. Usual occupation. MARGIN 11. Industry or business 12. Name (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name. Major findings of operations..... PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof, Accident, suicide, or homicide..... (month) (day) (year) Where did Injury occur? (City or town) (County) (State) WRITE Injured at home, farm, industry, public place (where?) Injured at work? Means of Injury PLEASE 23. SIGNATURE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and leg

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830-

04623

CERTIFICATE OF DEATH

leg. Dist. No.

1. PLACE OF DEATH: County
County Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Rt 2. Cumberland Rt 2. Cumberland Rt 2. Cumberland (If outside city or town limits, write RURAL and give nearest town) Rt 2. Cumberland Rt 2. Cumberland (If outside city or town limits, write RURAL and give nearest town) Rt 2. Cumberland (If outside city or town limits, write RURAL and give nearest town) Rt 2. Cumberland (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) (If
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Rt 2. Carbon 1. Institution, or street address where death occurred: Rt 2. Carbon 1. Institution? How long in hospital or institution? Rt 2. Carbon 1. Institution? How long in hospital or institution? 3. (a) FULL NAME George Charles Gross 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced White Widowed 6. (b) Nams of husband or wifs S. Color or race S. (c) It alive, give age years 7. Birth date of deceased (mo., 4sy, m.) February 14 1871 8. AGE: Yssrs Menths Days If less than one day 76 4 3 hrs. min.
How long in above place of death? 7.6 Years Hospital, institution, or street address where death occurred: Rt 2, Guaborland, Street No. Rt 2, Guaborland, Street
How long in hospital or institution? 3. (a) FULL NAME George Charles Gross 4. Sex Street No. George Charles Gross 4. Sex George Charles Gross 4. Sex Street No. George Charles Gross Annie Gross 6. (a) Single, married, widowed, or divorced White Widowed 20. Date DF Death 21. I Certify that death occurred on the date above stated; that t attended deceased from 7/12 19.46 to 6/14. 18. How long in hospital or institution? Street No. George Charles Gross None MEDICAL CERTIFICATION 20. Date DF Death 21. I Certify that death occurred on the date above stated; that t attended deceased from 7/12 19.46 to 6/14. 18. How long in hospital or institution? Street No. Gifrural, give LOCATION) 2. (a) If veteran, name war. MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 7/12 19.46 to 6/14. 18. How long in hospital or institution? 19. 47 at 11-45. 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 7/12 19.46 to 6/14. 19. 47 at 11-45. 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 7/12 19.46 to 6/14. 19. 47 at 11-45. 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 7/12 19.47 at 11-45. 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 7/12 19.47 at 11-45. 22. Date DF DEATH. 23. (b) Social Security Number None 24. Sex 25. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 26. (b) Hams of hysband or wife. 27. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12
How tong in hospital or institution? 3. (a) FULL NAME George Charles Gross 4. Sex S. Color or race 6. (a) Single, married, widowed, or divorced White Widowed C. (b) Name of husband or wife S. (c) tt alive, give age T. Birth date of deceased (mo., 487, w.) February 14 1871 S. AGE: Years Months Days If less than one day 76 4. The property of the strength of the str
3. (a) FULL NAME George Charles Gross None 4. Sex
George Charles Gross 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Male White Widowed 6. (b) Nams of husband or wife Annie Gross 7. Birth date of deceased (mo., day, yr.) February 14 1871 8. AGE: Yesrs Months Days If less than one day 76 4 3
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced White Widowed 8. (b) Name of husband or wife Annie Gross 6. (c) It alive, give age years deceased (mo., 4sy, yr.) 7. Birth date of deceased (mo., 4sy, yr.) 8. AGE: Years Months Days If less than one day 76 4. 3 hrs. min. MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION 2D. DATE DF DEATH 17 19. 47 at 11-45 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 47 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 47 22. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 47 22. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 47 23. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 47 24. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 47 25. AGE: Years Months Days If less than one day 19. 48 26. (c) It alive, give age 19. 47 27. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 47 28. AGE: Years Months Days If less than one day 19. 48 29. DATE DF DEATH
Male White Widowed 6.(b) Name of hysband or wife Annie Gross 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, w.) February 14 1871 8. AGE: Years Months Days If less than one day 76 4 3 hrs. min.
6.(b) Name of husband or wife Annie Gross 6.(c) It alive, give age years 7. Birth date of deceased (mo., (ay, yr.)) 7. Birth date of deceased (mo., (ay, yr.)) 8. AGE: Yssrs Months Days If less than one day 76 43 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 7/12 19.46 to 6/17 19.47 Immediate cause of death DURATION DURATION DURATION The property of the date above stated; that t attended deceased from 7/12 19.46 to 6/17 19.47 Immediate cause of death Property 14 1871
8. AGE: Vssrs Months Days If less than one day 76 4 3hrs. min.
7. Birth date of deceased (mo., dey, yr.) 8. AGE: Years Months Days If less than one day 76 4 3hrs. min.
7. Birth date of deceased (mo., 4ey, yr.) 8. AGE: Yssrs Months Days If less than one day
8. AGE: Yssrs Months Days If less than one day 76 4 3
76 4 3nrsmin.
Comparison Allegany Co. Warviand I am.
9. Birthplace Cumberland, Allegany Co, Maryland Due to. The Sealessesses
10. Usuat occupation. Farmer Due to
the name is not as
(I last want within 9 months of death)
(Include pregnancy within 3 months of death) Hendrickson Major fieldings of operations.
14. Maiden name. Amanda Hendrickson 15. Birthplace Cumberland, and. Major fiedings of operations. Date of op.
Mrs Leslie Wilson Actors results
Address Rt 2. Cumberland. Md.
22. VIOLENCE: If death was due to external causes, till in the tollowing:
17. Burial Date thereot 6/20/47. (Burial, cremation, or removal. Which?) Date thereot 6/20/47. (Accident, suicide, or homicide. Date of
Cemetery or crematory Plesant Grove Cemetery Where did injury occur? (City or town) (County) (State)
Location Rt 2, Cumberland, Ld. Injured at home, farm, Industry, public place (where?)
18. Fundral director William H. Kight Mesans of Injury Injured at work?
Address Cumberland, Md.
23. SIGHATURE M. D. or other
(Date rec'd by registrar) 19. The Market of the Company of the State of the Company of the State of the Company of the State of the Company

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JUN 24 1947

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PLEASE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore 13100

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Reg. Dist. No....

1. PLACE OF D			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:
		gany	state haryland con	The state of the s
City or town	f outside city or town li	mits, write RURAL and give nearest town)	" Vest ennon	
How long in above pla	ce of death?3.3	Years	City or town (If outside city or town limit	t, write RURAL and give nearest town)
Hospilai, instilution,	or street address where	dealh occurred:	Street No. 115 Front	Street
112	Front St	reet	(If rural, give	LOCATION)
How long In hospital	or Institution?		2.(σ) If veteran, name war	
3. (a) FULL NAI	ME			3. (b) Social Security Number
	WILL	IAM HENRY HARDEN		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Male	White	Widower	June2	19.47 at 5:30pt
	. Ledir	a Shaffer Harden	21. I CERTIFY that death occurred on the date abo	ove stated; (that I attended deceased from
			···· /	
7. Birth date of		ye	and that I last saw hammalive on	
deceased (mo., day		ary 14, 1862	Immediate cause of death	DURATION
O. AGE.	sra Months	Days less than one day	Mu. Carles. V	chentar
	35 4	18 hrs	- Contraction Confirmation	Le le
9. Birthpises K.C	yser, Min	eral West Virginia	Due to	
10. Usual occupation	Railroa	d Conductor (Retire	d.)	
11. Industry or busin	Rai	Iroad	546 (7	
12. Nama	MY TON	OWN	Other conditions	
13. Birthplacs	1101 1111	,	(Include pregnancy within 3	months of death)
14. Maiden nam	e NOT V	MONA		
¥ 15. Birthplace	NOIN	110.414	Major findings of operations	
= 1 15. Birringiace	0	TT 7		
16. Informant		Harden	PHYSICIAN: Please underline the caose to w	hich death shoold be charged statistically.
Address		ort, Maryland	no WENTENCE. If death was due to external co	
17 Buris	on, or removal. Which?	Oate thereof. June 5, 1947	Accident, suicide, or homicide	
(Burial, cremati	on, or removal. Which?	(month) (day) (year)		
Cemetery or crem		list Cemetery	Whera did Injury occur?(City or town)	
Localion	Mt Savag	re, Maryland	Injured at home, farm, industry, public place (v	
19 Euparal disaster	Fllswort	h S. Boal	Means of Injury	injured at work?
	107		tract.	
Address	esternpo	ort Maryland	23 SIGNATURE	D. or other
19. Jacons	5 1547	about who has MI	il too De to	M. D. G. S. T
Date rec'd by	registrar)	Registr	Par Address Address	P. Coate signed?



PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

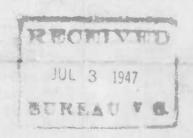
2411 N. Charles St., Baltimore

04626

CERTIFICATE OF DEATH

Dist No. 4

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
city or town Cumberland Md.	state Md. County Allegany
(If outside city or town limits, write RURAL and give nearest How long in above place of death? since March 9-1947	city or town. Cumberland
Hospilal, Institution, or street address where death occurred X	Cehanic Step No. rear) 224 N. Mechanic St.
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Gary Hess	Plone.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divor	about
male white single	20. DATE OF DEATH June 30 19 \$7 at 6 A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T. Birth date of T. O. T	years and that I last saw h. im. all Doad June 30 19.4.7
deceased (mo., day, yr.) March 9 1947 8. AGE: Years Months Days If less than one day	Immediate cause of death
0 3 21hrs.	Bronchopneumonia about
	days
9. Birthplace Cumberland Allegany Md. (Town, county, and atate)	Due 10
10. Usual occupation Inform	8.1-
11. Industry or business	Due 10
E 12. Name Francis Hess	Other conditions. 7. Months Premature
Z 13. Birthplace Cumberland, Md.	(Include pregnancy within 3 months of death)
14. Maiden name Edwina Gibson 15. Birthplace Terra Alta W.Va.	Major findings of operations.
15. Birthplace Terra Alta W.Va.	
16. Informant Francis R. Hess	Autopsy results
Address Z24 N. Mechanic St. Cumberla	PHYSICIAN: Please underline the cause to which death should be charged statistically.
77 1 1 7	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (Day) (mouth) Iday)	
Cometery or crematory Rose Hill Cemetery	Whers did injury occur?
Location Cumberland, Md,	tnjured at home, farm, Industry, public place (where?)
18. Funeral director Island S. Harfur	Means of injury Injured at work?
Address Cenhaland I mal	Deputy Medical Examiner - Allegany
AUDICOS CONTRACTOR OF THE PROPERTY OF THE PROP	23. SIGNATUREH . V. Deming M. D. H. J. Damy M. D. Ther
19. Xwey 1 19 47 Wulle A. Ovar	Maritan Man Carolinal and Wed Bate signed 6:30-128



WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

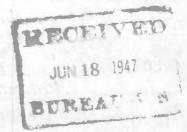
1310 2411 N. Charles St., Baltimore

04627

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CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
ROBERT H. HEWETT	181-10-0298
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH. JUNE 13. 1947. 21 5:25PD
8.(6) Name of husband or wife DOROTHY WHETSTONE 7. Birth date of deceased (mo., day, yr.) NOVEMBER 26, 1916 8. AGE: Years Months Days Hiles than one day 6 hrs. min. 9. Birthplace PENNSYLVANIS (Town, county, and state) 10. Usual occupation INSURANCE AGENT	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. #7., to
12. Name JOHN HEWETT 13. Birthplace ENGLAND 14. Maiden name LOUIE JONES 15. Birthplace ENGLAND	Other conditions
Address CUMBERIAND, MARYLAND 17. Cercatal Date thereof 1.3 47 (Burial, cremation, or regional, Which?) Cemetery or crematory Compth) (day) (year) Location Company	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide



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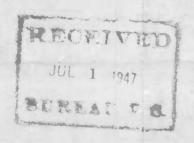
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Diat. 170.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For sewborn infants give residence of mother)
unty Allgany	" hear to d Allegan
y or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Magary
long in above place of death?	City or town
ong in above piace of death?	
315 At MA	Street No. 3/5 Structural, give LOCATION)
long in hospital or Institution?	(if rural, give LOCATION)
(a) FULL NAME Insidaeline Vina	3. (b) Social Security Number
San 5. Color or rage 6. Single, married, widowed, or divorces	MEDICAL CERTIFICATION
Amale White Grand	20. DAJE DF DEATH Jame 26 19.47 at 11.10
and in Hard	21. I CERTIFY that teath occurred on the date above stated: that I attended deceased from
(b) Name of husband or wife	7 an 2 19 7 10 1 26 14
6.(c) If alive, give ageye	
Birth dale of deceased (mo., day, yr.) Suff 70 1853	alle that I task saw it
AGE: Years Months Days If less than one day	Immediais cause of death DURATIO
10 AM 0 1	in Carry Carry
in the Co	Due to Delibert and, 59
Birthplace (Town, county, and state)	Due to Due to
(Town, county, and state)	
Usual occupation	Due to
Industry or businese at Jame -	
12. Name Harrison Smiller	Dther conditions
14	
13. Birthplace M. Va.	(Include pregnancy within 3 months of death)
14. Maiden name Wassell. 15. Birthplace W. Va.	Major findings of operations
15. Richniace A. W. V.	Date of op.
0 /A-A- 11-P.	
Informant June 1	Autopsy results
Address Cumberland	
Barial man 20 4-	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, eulcide, or homicide
Cemetery or crematory Stattlers Cam	Where did injury occur?
Incession Cross Role M. Va	Injured al home, farm, Industry, public place (where?)
y . It . 1900	Meane of Injury Injured at work?
B. Funeral director	III & all
	M. / 2. 11 11 1 1 2
Address Compercial.	
Address Compercant	23. SIGNAYURE M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITH UNFADING INK. Supply every item of information carefully. The cornected important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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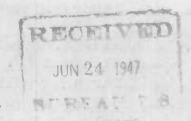
PLEASE

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CERTIFICATE OF DEATH

Reg. Dist. No..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			
City or town	State Md. County Allegany City or town Near) Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? about 15 hours	(12 040004 010) 01 111111111111111111111111		
Hospital, institution, or street address where death occurred:	Street No. R.F.D.l Homewood Addition		
Memorial Hospital	2.(a) the veteran, name war II World War.		
How long in hospital or Institution? about 15 hours			
3. (a) FULL NAME	3. (b) Social Security Number		
James Herbert Jewell 4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	lone		
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH June 15 18 47 215.45P.		
6.(b) Name of husband or wife Susie Plummer Jewell	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7 Pieth date of	and that I last saw h im alive Dead June 15 18 47		
deceased (mo., day, yr.) May 20- 1920	Immediate cause of death Basil fracture of a poular		
8. AGE: Years Months Days It less than one day	skull, severe concussion of brain		
27 — 19min.	& fractures of facial bones 15 hrs		
Cumberland Md	Due to Automobile hit large rock		
9. Birthplace	side of road.		
10. Usual occupation Laborer County roads.	DILLE DA LA SALA		
	Due to		
11. Industry or business 12. Name Charles E. Jewell	35-34:-3- 3		
	Other condition Multiple lacerations of		
	face, forehead, scalp & neck (Include pregnancy within 3 months of death)		
14. Maiden name Sarah May Cline			
14. Malden name Sarah May Cline 15. Birthplace Rockingham Co. Va.	Major findings of operations.		
Chamles Towall	Bate of op.		
te Informant Charles E.Jewell	Autopsy results		
Address Route!, Cambuland, Mrs			
0 . 0	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 (Burisi, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide Auto Accidentale of 6-15-1947		
Cemetery or crematory. Rose Hell Chrotery	Where did injury occur? Barrelsville Allegany Md.		
C. O. O. O. N. O.	(City or town) Jc Cur Mt Savage & Injured at home, tarm, Industry, public place (where?) Wellersburg Rd.		
Location Cumbaland My			
18. Funeral director davis Slaim	Beputy Medical Examiner - Allegany		
Address Chulchard M.			
	23. SIGNATURE H. V. Deming M. D. H. V. D. M. D. or oper		
(Date ree'd by registrar) 19 47 Winter & Trank M. A	Address Cambridge M. Date signed 6 15/47		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

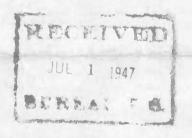
	E OI BEILLII	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:
County	State Mary and Co City or town (If outside city or town limit Street No. 623 Columnt (If rural, giv 2.(a) If veteran, name war.	ts, write RURAL and give nearest town)
3.(a) FULL NAME Ella "Kahl" Kiiffner		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed		ERTIFICATION L 1947 at 5:00 A
8.(b) Name of husband or wife George Kii Hner 7. Birth date of 8.(c) If allve, give age years	21. I CERTIFY that death occurred on the date ab	46 10 reuse 21 1947
deceased (mo., day, yr.) May 20, 1876 8. AGE: Years Months Days If less than one day 71 I hrs. min. 9. Birthplace Recident Garrett Md.	Immediain cause of death fa	OURATION
10. Usual occupation Housewife	Due fo	
11. Industry or business Own name 12. Name In Illiam H. Kahl 13. Birthplace Germany	Diher conditions	
HE 14. Maiden name Louise Spoerlein W 15. Birthplace Manyland	Major findiags of operations	
16. Informant Mrs. Margaret Yuthy Address Zo8 Independence St. 17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Autopsy results PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	which death should be charged statistically.
Cemetery or crematory Trinity Lutheran Cemetery Location Cumberland, Md.	Where did injury occur?(City or town) Injured at home, farm, industry, public place (i	
18. Funeral director de fins de la ferencia del ferencia del ferencia de la ferencia del la ferencia de la ferencia del la ferencia de la fer	23. SIGNATURE.	Injured at work? I grees he, b. M. D. or other
19. Date reed by registral 1847 William K. Naws M. Hogistral	Address 110 S. Centre S.	Date signed 6-21-4

RESERVED FOR BINDING

PLAINLY, WINH CINFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

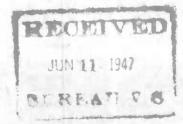
2411 N. Charles St., Baltimore 830

04631/

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOM (For newborn infants give reside)	E) OF DECEASED:
County ALLEGAN				
City or town	LAND	URAL and give nearest town)		County ALLEGANY
How long in above place of death?				ND. n limits, write RURAL and give nearest tow
Hospital, institution, or street addres	s where death occurred	:		
MEMORIAL	HOSPITAL	***************************************	(If rurn	n il, give LOCATION)
How long In hospital or Institution?	13 DAYS			
3. (a) FULL NAME				3. (b) Social Security Number
				J. (0) Social Socially Manage
4. Sex 5. Color or r	IN ES	. married, widowed, or divorced		L CERTIFICATION
MALE WHI	CE	SINGLE	20. DATE OF DEATH	ine 3, 19 47 at 5:
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on their	late above stated; that attended deceased from
			may 10:41	19 10 94 3
7. Birth date of	8.(c) If allve, give ageye	ars and that I last caw h A. alive on	6/3/97
deceased (mo:, day, yr.) Jur	ie-13, 19	31	Immediate cause of death	
8. AGE: Years Months		It less than one day		
15 11	20	hrs m		
	9 19 4			20 =
9. Birthplace CUMBERLA	AND ALLE	ANY, MARYLAND) Due 10,	otenie Purpus
10. Usual occupation STUI			the substiget	ollen furfix o
10. Usual occupation	K.1311/1		HUE III.	athi
11. Industry or business			Idiopothic	
12. Name	N KUNES	***************************************	Other conditions	
13. Birthplace M&	ryland			
14. Malden name CATH		TMUD		thin 3 months of death)
_		F144 #7 # #	Major findings of operations	
2 15. Birthplace PENN				Oale of op
16. Intermant Mrs. Cat	therine L	ongerbeam	Autopsy results.	
Address 104 Gles	ason St.	Cumberland, M	PHYSICIAN: Please underline the cause	e to which death should be charged statistics
			on MINITARY IS death was due to avier	rnal causes, fill in the following;
17. Burial cremation or removal.	Which?)	of June 6,1947	Accident, suicide, or homicide	Date of
				town) (County) (State
	tanakiadakinde de del			
Cemetery or crematory		**		
Cemetery or crematory	ks Mills	, Penna.		
Cemetery or crematory				ace (where?)
Cemetery or crematory		George		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9 4

04632

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Wearn	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mungland County allegany
	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
A 120	Street No. 635 Columbia ans
allegenz Hospital	(If rural, give LOCATION) 2.(a) It veteran, name war would war I
How long in hospital or Institution?	2.(a) It veteran, name war. While war.
3. (a) FULL NAME	3. (b) Social Security Number
Collins C dease	217-10-1656
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Widowal	20. DATE OF DEATH
Bersie Butler	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of nusband or wife	lucy 31 18 47 10 true 5 19 47
7, Birth date of July 100 M	and that I last saw h Lin allve on
deceased (mo., day, yr.) 44, 1886	Immediair cause ul death Care book augus pasus DURATION
8. AGE: Years Months Days It less than one day	Cerebral Decemention 5 day
. 50 II 21hrsmin.	Korsehoff & Psychous & Days
9. Birthplace. Cumbaland allowing C Md	Due to Hyperfeusiers
(10 Wil, County, and Marcy)	Theresalized asterioselevore ?
10. Usual occupation Bortinly	
11. Industry or business Cresuption Vol. Fine Co.	Due to alka solisin dirance
	10-7-11/201
	Other conditions Consonary heart disease 1/2 year
王 13. Birthplace Wash V N,	(Include pregnancy within 3 months of death)
# 14. Maiden name Manageret Huff	
14. Maiden name. Margaret H uff 15. Birthplace West Va.	Major findings of operations.
. 0	Date of op.
16. Informant Derrye desce	Autopsy results.
Address 447 Henderson au Cumbuland Mo	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereot 8, 1947 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Biostown Center	Where did injury occur?
Do. Wy	Injured at home, tarm, industry, public place (where?)
Location Chinamas Tha	Meane of injury Injured at work?
18. Funeral director. Zarus Slin Luc	10
Address combeland Md	as CIGNATURE / HOliversuran aux
July 7 47 (Paralli: MA)	23. SIGNATURE
Date rec'd by registrary 19 J. J. O. Aluklus, M. N. Registrar	Address Cheraptains line Date signed frame 6, 197

PLEASE WRITE PLAINLY, WITH WIFADING INK. Supply every item of information carefully. The consession is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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JUN 11 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore | 28

CERTIFICATE OF DEATH

04633

I	CERTITICAL	Reg. Diat. No.	
1	1. PLACE OF DEATH: Ollegary	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Orcivalla County Output County	
	City or town	City or town	
	Hospital, Institution, or street address where death occurred	Street No. (If rural, give LOCATION)	
	How long In hospital or Institution?	2.(a) If veteran, name war	
	3. (a) FULL NAME homas Franklin of Scarklin of Son or race 5. (a) Single, married, widowed, or divorced	Leurs 3. (b) Social Security Number 214-01-6654	
1	Male white married widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 2. 12. 22.	A
	6.(b) Name of husband or wife Male Lewis 6.(c) If allve, give age 5.2years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Ponths Days If less than one day	and that I last saw has a alive on 1944.	
	58 11 12min.		~
	9. Birthplace (Town, quarty, and state)	Due to Margaret College De 1907	*****
	11. Industry or business	Part- yperature Captignia 1945	
	12. Name John Lewis 13. Birthplay Maryand	Other conditions of the Condition of the	
	14. Maiden name Margaret Thomas 15. Birthplace Maryland	Majur findings of operations. Date of op.	
	16. Intermant Thos Lewis To	Antupsy results	
	Address Rockful Date thereo (may 1 1947) (Burnel, cremation, or removal Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
	Cemetery or crematory	Where did Injury occur?	
	18. Funeral director	Msans of injury Injured at work?)
	Address Troftling Md.	23. SIGNATURE DOM Have M. D. or other	
	19. (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address from thing ma Date signed 6-9-4	7

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DURATION

JUN 20 1947

Or William

ADING INK. Supply every item of information carefully. The of Physicians: please write the causes of death clearly and legibly

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 490

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Allegany				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cumberland City or towa Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 57 Years Hospital, institution, or circet address where death occurred: 231 Columbia St How long in hospital or inetitution?			ears : t	State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 300 Independence St (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME		ret Ma	tilda Lookenott		3. (b) Social Security 214-05-7149	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
Female	White		Married	20. DATE OF DEATH. June	19 19 47	,at 4-30 A
6.(b) Name of husband T. Birth date of deceased (mo., day, p	35 00	6. (0	kenott) If alive, give age56yea	21_LCERTIFY that death occurred on the date a	shove etated; that attended dece 8.44	22 ed from 4 7 7 19 4 7
8. AGE: Yeare		Days	If less than one day	Immediair cause of death.	old i	DURATION
57	0	29	hrsml	n	=	***************************************
10. Ueual occupation 11. Industry or buelnesse 12. Name	Sale Marting Nicho Cumbe	es Lady Bress Los Sch Briand Britand Britand Britand Britand	Shop eermesser Md. h Herpick	Due to	3 months of death)	
16. Informant			ermesser berland, Md.	PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
11Bur.i (Burlat, cremation, Cemetery or cremato Location	al or removal. Which? ry St Lul Cumbo	Date ther kes Cenerland, iam H.	of 6/21/47 (month) (day) (year) netery Md.	22. VIOLENCE: If death was due to external c Accident, suicide, or homicide	(where?) Injured at work?	(State)

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JUN 24 1947

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The eise especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04636

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)			
County Allegany	State Md county Allegany			
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?	City or townCumberland	rest town)		
Hospital, instillution, or street address where death occurred:	Street No. 130 Bedford St.	•••••		
	(If rural, give LOCATION)			
How long In hospital or institution?	2.(a) It veteran, name war			
3. (a) FULL NAME	3. (b) Social Security 1	Number		
Mrs - Rose Adelaide Malcolm 4. Sex 5. Color or rach 5. (a) Single, married, widowed, or divorced	Rone	·		
4. Sex 5. Color or rach 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female White Married	20. DATE OF DEATH. June 30 19.47	8.30P		
8.(b) Name of husband or wife Archibald Malcolm	21. I CERTIFY that death occurred oo the date above stated; that I attended decea			
7. Birth date of 7. Bir	and that I last saw h.er all Doad June 30			
7. Birth date of deceased (mo., day, yr.) July 10 1872				
8. AGE: Years Months Days If less than one day	Immedia: cause of death			
74 11 20hrsmin.		vears		
9. Birlhplace Ohio (Town, county, and state)	Oue to			
(Town, county, and state)				
10. Usual occupation housewife	Oue to	***************************************		
11. Industry or business				
I 12. Name John L. Leatherman	Other conditions			
13. Birthplace Pennsylvania	1.011.02			
	(Include pregnancy within 3 months of death)			
14. Maiden name Adela Weatherell Pennsylvania	Major findings of operations.			
	Oate of op			
16. Informant John Malcolm	Antopsy results			
Address 130 Bedford St., Cumberland, Md.		statisticany.		
Burial Burial Date thereot July 3, 1947 (Burial cremation or removal Which?) (Burial cremation or removal Which?)	22. VIOLENCE: If death was due to external causes, till in the following:			
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Rose Hill Cemetery	Whera did Injury occur?	(State)		
Cumberland, Maryland.	Injured at home, farm, Industry, public place (where?)			
18. Funeral director Louis Stein, Inc.	Meens of Injury Injured at work?			
Address Cumberland, Maryland	Deputy Medical Examiner - Alle	ogany		
1101-6	23. SIGNATURE H. V. Deming M. D. H. V. D.	my had		
19. Kules 2 1947 Winter R. Aranka M. A. (Date rec'd by registrar) Registrar	Address Cambaland M. D. o			
(Date rec'd by registrar) Registrar	Address. Date signed.	M. Ad. Caly C. Ringson		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibles.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

Reg. Diat. No.

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)		
County Qleson	Man 0. 1 (1000		
City or town RURAL Concluded Md (If outside city or town limits, write RURAL and give nearest town)	State County County		
Now long in above place of death? 6 8 4	(If outside eity or town limits, write RURAL ond give nearest town)		
Hospital, institution, or street address where death occurred:	Parta y Chair Can		
Spring Cap Ponts 7, Cambaland Mil.	Street No. (If rural, give LOCATION)		
Now long In hospital or Institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Kate alice Mc Cobe			
	1 / Cont		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Wihrwell	20. DATE OF DEATH		
one P. McCohe	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
8.(b) Name of husband or wife June P. McCobe	22pt- 19.36 10 June 3 19.47		
	0/1/2		
7. Birth date of deceased (mo., day, yr.) December 2, 1878	and that I last saw h		
8. AGE: Years Months Days it less than one day	Cerebral yazeular lecident 4 days		
68 6 1min.	Caronax Jazona		
	9 mal professionais 5.05		
9. Birthplace. Spring Gy allowing Co Mil	Due to June at Marine School S		
	The serten from		
1D. Usual occupation Housework	Due 10		
11. Industry or business			
E 12. Name. Wm B. Wholer	Dther conditions		
12. Name			
	(Include pregnancy within 3 months of death)		
E 14. Malden name	Major fiediags of operations.		
14. Maiden name Dad John David 15. Birthplace Spring Gap Mil.	Date of op.		
16. Interment John D. W. Wieler	Aotopsy results		
Address Spring Grys allegan Cr Md.	PHYSICIAN: Please ooderline the cause to which death should be charged statistically.		
Andress States	22. VIOLENCE: If death was due to external causes, till in the following;		
17. Date thereof Single 17	Accident, suicide, or homicide		
5- M C. T.	Where did injury occur?		
Cemetery or crematory			
Location umbuland IVA	Injured at home, farm, industry, public place (where?)		
18. Funeral director Louis & buin Inc	Mesns of Injury Injured at work?		
0 0 0 0 0 0	11/10		
Address umberland Mil	23. SIGNATURE Lathur T. Jones h. D. or other		
19 June 5 1947 & Poranklin, M. D.			
(Date rec'd by registrar) Registrar	Address 110 3. Centre 37. Date signed 6-4-47		

JUN 11 1947 BYREAU V & " 福姆江

PLAINLY, WITH UNFADING INK. Supply every item of information care is especially important. Physicians: please write the causes of death clearly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

04638

CERTIFICATE OF DEATH

Reg. Dist. No.

N	
1. PLACE OF DEATH: County Alegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
- 7 / 4 / /	State Maryland County allegany
City or fown	
Now long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 220 Union 37.
Allegany Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Lavitta Jean McCleaf	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W single	
7	20. DATE OF DEATH TUNE 18 19.47 21 7205 P
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that altended deceased from
7. Birth date of	Jame 8 19 4) 10 June 18 19 4
7. Birth date of deceased (mo., day, yr.) Tune 8, 1947	and that I last saw h. A. alive on 19.4.
8. AGE: Years Months Days If less than one day	Immediate cause of death
0 0 16min.	Fetal asphyration
9. Birthpiace Cumbelland allegang, Md	Bue (Mos) Ulandinalia
1D. Usual occupation	Due to
11. Industry or business	
E 12. Name Donald T. McCleaf	Dther conditions
13. Birthplace Getysburg, Pa,	(Include pregnancy within 3 months of death)
14. Maiden name Bertha G. Johnson 15. Birthplace Comberland, Md	
15. Birtholace Cumber land Md	Major findings of operatious.
Ma De Pour Cord	Date of op.
16. Informant A Divide	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 220 Onion St. Clymbelland, Mill	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Durial Date thereof Starl 19, 1947	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or crematory grow Menoreal Cark	Where did injury occur?
Location Man Cemberland, Md	Injured at home, farm, Industry, public place (where?)
10 Enough director Office (Lander)	Means of Injury Injured at work?
18. Funeral director	
Address chimital and Mil	23. SIGNATURE TILLES B MULTUNTA
19 June 19 1947 W. R. Frants Me	M. D. or other
(Date rec'd by registrar)	Address 1 2 20 July 1- Date signed



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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

04639

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Westernport Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State Md. Couchy Allegany City or town Westernport Md. (If outside city or town limits, write RURAL and give nearest t Street No. Reardon Road.	town)
How long In hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Num	
	5. (0) Social Security Number	per
Mrs. Elsie McGreevy 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
		^
Female White Married	20. DATE OF DEATH June 13 1947 1947	10.304
6.(b) Name of husband or wife. John J. Mc Greevy	21. I CERTIFY that death occurred on the date above stated; that I attended doceased for the date above stated; that I attended doceased for the date above stated; that I attended doceased for the date above stated; that I attended doceased for the date above stated; that I attended doceased for the date above stated; that I attended doceased for the date above stated; that I attended doceased for the date above stated; that I attended doceased for the date above stated; that I attended doceased for the date above stated; that I attended doceased for the date above stated; that I attended doceased for the date above stated; the date above stated is the date above stated.	
7. Birth date of deceased (mo., day, yr.) Feb. 12	and that I last saw h.erallvDeadJune13	18.4.7
8. AGE: Years Months Days If less than one day 51		at
9. BirthplacePiedmont. W. Va. (Town, county, and state) 10. Usual occupation Housewife	Due to Over exertion	nce
11. Industry or business Industry or business 12. Name John Legge 12. Name John Legge 13. Birthplace Piedmont W.Va.	Diher conditions.	
E 14. Maiden name Nannie Beall	(Include pregnancy within 8 months of death) Major findings of nperations	
\$ 15. Birthplace Piedmont W. Va.	Date of op	
16. Informant A Mu m & Greeny	Antapsy results	tically.
Address 17 Duti-al Bate thereof. (month) (day) (year) Cemetery or cremetery.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Western pot md	Injured at home, farm, Industry, public place (where?)	
18. Funeral director w. Ha and I tudloch	Meens of Injury Injured at work?	
Address Field martines . W. V.	23. SIGNATURE H. V. Deming M. D. H. J. Zerre	6 15
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Cambrilland Mc Date signed 4.	#12.

JUN 17 1947

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legil

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04640

CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. MARYLAND County ALLEGANY City or town County County County County City or town limits, write RURAL and give nearest town) Street No. 315 MARYLAND AVE
3. (a) FULL NAME MCMILLEN, WILLIAM GARY	3. (b) Social Security Number
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced MALE WHITE SINGLE	MEDICAL CERTIFICATION 20. DATE OF DEATH JUNE 25: 19.47 211:45
8. (b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Q Days / 11 less than one day XXX 9. Birthplace (Town, county, and state) 10. Usual occupation. INFANT 11. Industry or business 12. Name. MCMILLEN 9. CARL 13. Birthplace MD 9, Milland	Due to. Due to. Due to. Due to. Due to.
14. Maiden name TASCHENBURGER, GENEVIEVE 15. Birthplace MD. Rung Sap 16. Informant MEMORIAL HOSPITAL Address Audless Md.	(Include pregnancy within 3 months of death) Major findings of operations. Oate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. Constitution (month) (day) (year) Location Constitution (month) (day) (year) 18. Funeral director. Elleways (Month) (day) (year)	Accident, suicide, or homicide



Outside of City & Limits

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case cially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	st town)
County Co	st town)
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? TO ACTS (If outside city or town limits, write RURAL and give nearest town) Street No. IR 1. Z. (If rural, give LOCATION)	st town)
low long in above place of death? 7.0 N.C. S. T. S. (If outside city or town limits, write KUKAL and give neare dospital, instillution, or street address where death obcurred: Street No. T.	st town)
ospital, Institution, or street address where death occurred: IT. 2. Ciferural, give LOCATION) (If rural, give LOCATION)	
(If rural, give LOCATION)	
How long in hospital or institution?	
3. (a) FULL NAME 3. (b) Social Security No	ımber
Lillie Cheston "Johnson" Metzner	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	
F W Married	4.457
2D. DATE DF PEATH TO THE TOTAL AND THE AND THE ADDRESS AND THE	
S.(b) Name of husband or wife George T. Metzner 21. I CERTY that death occurred on the date above stated; that carended decease	9 10 1
6.(c) If alive, give age 81 years	10 4
descreed (mn day vr) October 28, 1871	DURATION
B. AGE: Years Months Days If less than one day	3~~
76 8 1	
C Landard Alleganica Md Conference Common (5-7-
9. BirthplaceCum Serland Allegany Ca., Md Due to Due to	
10. Usual occupation. Housewete	
11. Industry or business Ony home	
7	
(Include magnetic within 9 months of death)	
14. Maiden name. Louise Tackson Major findings of operations. Date of op.	
₹ 15. Birthplace	
16. Informant George T. Metzner Autopsy results.	tiation No.
Address Rt. 2. Comberland Md PHYSICIAN: Please underline the cause to which death should be charged str	cisticany.
22. VIOLENCE: If death was due to external causes, till in the following;	
(Burial, cremation, or removal, Which?) (month) (day) (year)	,
Cemetery or crematory. Rose Hill Cemetery Where did Injury occur? (City or town) (County)	State)
Location Cum berland, Md. Injured at home, farm, industry, public place (where?)	
Means of Injury Injured at work?	
18. Funeral director.	D
Address Cupulculand, Mad, 23. SIGNATURE 23. SIGNATURE	
19 July 1, 1947 Winles & Frants, M.S. Combaland M. D. or	the 3 4



Within corporate limits tones age 2411 N. Charles St., Baltimore CERTIFICA prrect PLACE OF DEATH: information carefully of death clearly and How long in above place of death? # 8 Y E Q Y S
Hospital, institution, or street address where death occurred: How long in hospital or institution?..... 3. (a) FULL NAME Charles 4. Sex FOR BINDING every item of ite the causes . 6.(c) If alive, give age ... 5 6 ver ADING INK. Supply eve Physicians: please write 1881 deceased (mo., day, yr.) Months Days It less than one day 8. AGE: Years RESERVED 66 3 15 10. Usual occupation Freight conductor MARGIN 11. Industry or business WITH UNF important.

Date thereof Tune 28, 1947 (month) (day) (year)

Registrar

Address //O

MARYLAND STATE DEPARTMENT OF HEALTH

DACAO

M. D. or other

2. USUAL RESIDENCE (HOM	Reg. Dist. No	
(For newborn infants give reside	euce of mother)	
State Mary land	County Allegany	
ou cumbo	aland 777	
(If outside city or tow	n limits, write RURAL and give	nearest town)
Street No. 30 Laing	Hye.	
2.(a) If veteran, name war		
2.(d) IT Veteran, name war		
·ller	3. (b) Social Securi	
	1705-09-	-6/00
MEDICA	L CERTIFICATION	
20. DATE DF DEATH	June 26 44.	7 31/2:/5
21. I CERTIFY that death occurred on the	date above stated; that Attended of	
	() ./-//	19.4
and that I last saw h.4.47.7alive on	June 15 T	
Immediais cause of death		DURATIO
De te To	lial Failure	5
Due to Cisteria - 3 ches		10 92:
Cardio vaseula	causeuse	1092.
Due to		
	h	
Other conditions		
(Include pregnancy wi	ithin 3 months of death)	
Major findings of operations		
	Date of op	
Autopsy results	se to which death should be charg	red statistically.
22. VIOLENCE: If death was due to exte	ernal causes, fill in the following;	
Accident, suicide, or homicide		
(City or	town) (County)	(State)
Injured at home form industry nublic a		
Injured at home, farm, industry, public p	Injured at work?	

PLAINLY, V is especially PLEASE WRITE

17. Burial (Burial, cremation, or removal, Which?



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
County Allegany	and and
City or town	C
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 453 Baltimore Ave
+63 Baltimore Ave	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jacob Ambrose Miller	705-05-8054
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Morried	20. DATE OF DEATH. June 25 19.47 21.11:40 B.1
Elill Bil J. Will.	21. X CEPTIFY that death occurred on the date above staged; that I Atlended deceased from
6.(b) Name of husband or wife Edith Roberts Miller	July 3 19 10 to Jule 25 19 17
7. Birth date of	and that I last saw h. Accoping on June 23 rd 19 41
deceased (mo., day, yr.) Tuly 27, 1884	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Immediate Cluse of Gentle
62 10 28hrsmin.	4/
9. Birthplace Weaver to n. Washington, Maryland	m Veniplegia / year
	and 22
18. Usual occupation Chief train dispatcher	Due to Muria Wy personal and,
11. Industry or business B + O RR	
E 12. Name Preston E. Miller 13. Birthplace Weaverton, Md	Other conditions
13. Birthplace Weaverton, Md	(Include pregnancy within 3 months of death)
# 14 Maiden name Mary E. Briggs	Major findings of operations.
14. Maiden name Mary E. Brigas 15. Birthplace Ogdonsburg, N. Y.	Major hadings of operations
16. Informant Mrs. Edith Miller	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 453 Baltimore Are, Cumberland, Md	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17 Date thereof TV 15 T 141	Accident, suicide, or homicide
Cometery or crematory Hillerest Cometery	Where did injury occur? (City or town) (County) (State)
Location Cumberland, Md.	injured at home, farm, industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director.	0 16 9
Address Confluence hud	23/ SIGNATURE L. M. O worskis De M.S
13 June 27, 19 47 Winter & Frank, 31	A. O. berland med M. D. or giber
II / Data and the manistrati	Addresds A Company of the State

RESERVED FOR BINDING MARGIN PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47d

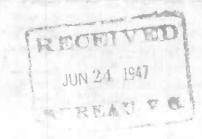
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	CERI	TIFICATE OF DEATH	Reg. Dist. No.
City or fown	RIAL Hospital	State MARYLAND City or town CUMBERIAND (If outside city or town Street No. 611 EIM STRE	County ALLEGANY
3. (a) FULL NAME	מודבינים		3. (b) Social Security Number
John I.	rrace 6.(a)Single, married, widowed, or	divorced	214-05-4875 L CERTIFICATION
MALE WHI	TE MARRIED		th 19 L7 21 10:07A
7. Birth date of deceased (mo., day, yr Holy	5. (c) If alive, give age. 4	シーライナー	
8. AGE: Years Mon	ths Days If less than one da	min.	men
11. Industry or business	(19wn, county, and state)	Other conditions	up:
H 14. Maiden name WAGN	ER, ANNA ARYLAND	Major findings of operations	110000
16. Informant Share Sh	my book Giller	Autopsy results.	to which death should be charged statistically.
Address 17 Bundle (Burial, cremation, or remove Cemetery or crematory.	Date thereof (month) (d) Piter & Panlo	() (Jenry	nal causes, fill in the following; Date of
Location	wis Stein Dac	Injured at home, farm, Industry, public pla	hjured at work?
19. une 20	19 47 Unite & Tra	unta grand Signature Anna Signature	Le landous signed B-19-4

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UNFADING INK. Supply every item of information carefully. The ϵ^c ant. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFICA	IE OF DEATH	Reg. Di	at. No.
1. PLACE OF DEATH	1: All	egany		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of		
City or town(If outsi How long in above place of d Hospital, institution, or stre	Cumber de city or town lix leath?	land nits, write R ne Da leath occurred gany H	sospital	State Vest Virginia Co City or town Springfield (If outside city or town limit Street No. (If rural, give	l s, write RURAL	and give nearest town)
3. (a) FULL NAME	urman 0				3. (b) Socia 705-09	A Security Number
4. Sex 5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C		
Male	White	M	arried	20. DATE OF DEATHJung		
6.(b) Name of hundred or u 7. Birth date of deceased (mo., 4sy, yr.)	Novemb	6. (6	Moreland b) If alive, give age	21. I CERTIFY that death occurred on the date ab	ove atated; that I a	attended deceased from
8. AGE: Yeara	Months	Days	if less than one day	Immediate cause of death		
58	7	25	hrs min.	acuti como	200	123
10. Usual occupation	Balti Geo	Trackm more &		Due to	~	4 / year
				(Include pregnancy within 3	months of death)	
HI 14. Maiden name 15. Birthplace			l, W. Va.	Major findings of operations	/	
Address 17. Burial (Buriai, cremation, or	Romne	Date there	6/29/47 (month) (day) (year) d Cemetery	Autopsy results PHYSICIAN: Please underline the cause to y 22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	which death should suses, fill in the toli	lowing; Dale of
18. Funeral director	Willia	n. H. K	ight	Missas of injury	Injured :	at work?
Address 19 June 2 (Date rec'd by regist	Cumber 8 19 4 7		inte & tranta,	23. SIBNATURE.		M. D. or other Date signed 6 - 2C-Y)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

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	CERTIFICATE OF I	DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County	(For new	(If outside city or town limits, write)	eslaced Rugal eslaced Rugal to RURAL and give nearest took CMullen Hud
3. (a) FULL NAME	Meal Meal	3.	(b) Social Security Number
4. Sex 5. Color or race 6.(a) Singled married Louise Surger 6.(b) Name of husband or wife 5. Color or race 6.(c) Singled married 6.(b) Name of husband or wife 5. Color or race 6.(c) Singled married 6.(c) Name of husband or wife 5. Color or race 6.(d) Singled married 6.(d) Singled married 6.(d) Singled married 6.(e) Name of husband or wife 6.(d) Singled married 6.(e) Name of husband or wife 6.(d) Singled married 6.(e) Name of husband or wife 6.(e) Singled married 6.(e) Name of husband 6.(e) Singled married 6.(e) Name of husba	2D. DATE DF DE	that death occurred on the date above sta-	19. 44.7. al. 3.1.30. P. ted; that I atjended deceased from
S. AGE.	@ 2 PM and that I last	saw h. An alive on June saw death entire buly	1847
10. Usual occupation. 11. Industry or business 12. Name	Due to	15	
14. Matden name Wilma anto	eursylvana	(Include pregnancy within 3 months of operations.	s of death)Date of op
Address Rf. #6, NcMullon	(month) (day) (year) Accident, sulcit	Please underline the cause to which d E: If death was due to external causes, f ide, or homicide	ill in the following;
19. Funeral director		e, farm, industry, public place (where?)	injured at work?
19. Lune 2, 19. 47. S. P. Fr. Mate rec'd by registrar)	auklu M. D. Registrar Address	59 Gune 8.	M, D. or other Date signed 6-1-47

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BURFAULS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

about

DURATION about 2 days

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Allegany	State Wast Va. County Mineral	
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)		•••••••••••
How long in above place of death? 10 Minutes	City or town Ridgely (If outside city or town limits, write RURAL and give ne	
Hospital, institution, or street address where death occurred: In route to Memorial Hospital	Street No. 35 Knobley	
How long in hospital or institution? Dead when admitted.	(If rural, give LOCATION)	
	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security	Number
Charles Berry Pittman	Cone	1
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	abo
male white single	20. DATE OF DEATH June 30 19 47	,5.3
	21. I CERTIFY that death occurred on the date above stated; thet I affended date	
6.(b) Name of husband or wife	10 60	
7. Birth date of	and that I last saw h im all Dead June 30	1
deceased (mo., day, yr.) March 17- 1947	Immediate cause of death	
8. AGE: Years Months Days If less than one day	bronchopneumonia &	
0 3 13hrsmin.		day
Cumberland Allegany Md.	Due to	
9. Birthplace	000 tv.	
10. Veual occupation	Due in	
11. Industry or businese	BUC 10	
12. Name Alvin W. Pittman	Other conditions on a or 7 Mo. premature	
13. Birthplace Parson W.Va		
# 14. Maiden name Wartha Hershberger	(Include prognancy within 3 months of death)	
	Major fieddings of operations	
15. Birthplace Ridgely W.Va.	Dafe of op	
16. Informant Alvin W. Pittman	Actopsy resultsAS	
Address Ridgely W.Va.	PHYSiCIAN: Please ooderline the cause to which death should be charged	statistically
	22. VIOLENCE: It death was due to external causes, fill in the following:	
17. Burial Date thereof July 1, 1947 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory City Cemetery	Where did injury occur?	(State)
Location Parsons, W. Va.	Injured at home, farm, Industry, public place (where?)	
	to the state of week?	
19. Funeral director. William H. Kight	Deputy Medical Examiner - A	Hegen
Address Cumberland, Md.	23. SIGNATURE H. V. Deming M. D. W. Dem	ing !
. July 1, 47 White R. trauto, Mr.	M, D.	or other
19 / Wester K. Nauta, M. (Date rec'd) by registrar Megistrar	Address Cumbaland Md. Bate signed	6.30

MARGIN RESERVED FOR BINDING

PLEASE

JUL 3 1947

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewboro infants give residence of mother)
	State Many land County Lille & and of
City or town. (If autistic city or town Hmits, write kUkini and grye nearest towo) How long in above place of scalh?	City or town fit outside city or town limits, write RURAL god rive nearest (owo)
Rospital, institution, or street address where death occurred:	
Janek assign Steet	Streel No. The All CASA STEELS
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
any Elyabeth Rearson 10	iber/
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female State Widowed	2D. DATE OF DEATH AND 9 1942 et 8:30 Pm
6.(b) Name of husband or wife Musin Haller	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
200	June 7 1947 10 June 9 1947
7. Birth date of	and that I last saw and alive on feet 7 18.2.7
deceased (mo., day, yr.) Sefet & S	Immediate cause of death
8. AGE: rears muyars uays lites than one dayhrs	Commy O column
Clinical final	
9. Birthpiaga (Town of gunty, and affect)	Due to.
10. Usual occupation 2 tona lewoods Rell	
11, Industry or business (MM) - HAVAS	Due to
12. Hame Berryamin Pearson	Other conditions.
13. Birthplace Our form or www	
# 14. Malden name Masy Myers	(Include pregnancy within 3 months of death)
15. 8irthplace Unikerowy	Major findings of operations.
00 001 13	Bate of op.
18. Informant John San San San San San San San San San Sa	Autopsy results
Address Landon ing, Md.	22. VIOLENCE: Il dealh was due lo external causes, fill in the following;
(Burlal, cremation, or removal. Which?) Bale thereof June 13 /44	Accident, suicide, or homicide
Cemelery or crematory Daka And Cemetery	Where did injury occur?
Location Linearisming, and	(City or town) (Coooty) (State) Injured al home, farm, Industry, public place (where?)
Dr. 2. 11	Means of Injury Injured at work?
Address Address Address Address	
aparess gunar orang, flid.	23. SIGNATURE Hury W. I Fodgen M. W.
19 June 19 18 17 Januarth M Dock Registrar	M. D. or other



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

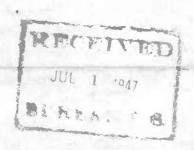
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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charle	es St., Baltimore 49 a USUSI
CERTIFICAT	TE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County ALLEGANY	(For newborn infants give residence of mother)
Clty or fown	State MARYLAND County ALLEGANY
How long in above place of death? 40 3 car 5	City or town
Hospital, Institution, or sireel address where death occurred:	Street No. #225 INDEPENDENCE ST.
Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
RICE, GENEVIEVE MRS.	More
4. Sex Sologor race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION PM
FEMALE BARRIED	20. DATE OF DEATH JUNE 23, 1947 19 21 12:35
6.(b) Mame of husband or wife ROBERT RICE	21. I CERTIFY that weath occurred of the date above stated; the affended deceased from
10	10 10 19
7. Birth date of deceased (mo., day, yr.) APRIL 18. 1907	and that last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of Path
40 2 5min.	Problems of various
100	Pro-10
9. Birthplace	D A-+: 2
10. Usual occupation	Due to hung melasksis;
11. Industry or business	0
12. Name EXXXX DAVIS , JAMES 13. Birthplace MD	Dther conditions
13. Birthplace MD	
14. Malden name BANKS BESSIE	(Include pregnancy within 3 months of death)
14. Malden name BANKS, BESSIE 15. Birthplace MD.	Major findings of operations
16. Informant MEMORIAL HOSPITAL	Aotopsy resolts Whort weamlell
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address CUMBERLAND, MD.	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof Tune 25 1941 (Burial cremation or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did Injury occur?
Location Combendand, Md,	Injured at home, farm, industry, public place (where?)
11.11.1.12	Means of Injury Injured al mark?
18. Funeral director	11/1/1/20 000 1/10
Address Certification, Mily,	1 23. SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEPTIFICATE OF DEATH

			CERTIFICAT	E OF DEATH	Reg. Dist. No.	01
1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
			YLAND URAL and give nearest town)	State NARYLAND Coun		* * * *
How long in above place of d	eath?			City or town	write RURAL and give nearest town)	•••
Hospital, Institution, or stre			L / . /	Street No. 448 WILLIAMS S	TREET.	
How long in hospital or Inst				2.(a) tf veteran, name war		
3. (a) FULL NAME				•	3. (b) Social Security Number	
WALTE	R B. RI	TCHIE			705-05-8/5- RTIFICATION	2
4. Sex 5.	Coior or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
MALE	WHITE		MARRIED	20. DATE OF DEATHJUNE 26		A O
6.(b) Name of husband or w	ife LUCF	RETIA	RITCHIE	21. I CEPTIFY that death occurred on the date above	e stated; that stiended deceased from	47
7. Birth date of		6.(6	e) If alive, give age65years	19	/ //	f.
7. Birth date of deceased (mo., day, yr.)	9/3/80		2.5	and that I last saw halive on	DURATION	N
8. AGE: Years	Months	Days	If less than one day	Immediate came of death from 1	Len a c	
66	9	23	hrsmin.	connes	ins lode	7
9. Birthplace	ARYLAND		***************************************	Due to	13CAK 37	
10. Usual occupation. R	etired	railw	ay clerk	The same	lesso 3-	
11. Industry or business	B. & O.	Rail	way	Due to.		
				Other conditions		
13. Birthplace	MDARYLA	ND		(Include pregnancy within 8 m		
14. Maiden name	GEOR GIA	NNA J	AMES	(Include pregnancy within 8 m		
W 15. Birthplace	MARY	LAND		Major hadiaga ol operations		
16. Informant Mrs.	Lucret		tchie	Autopsy results		
	1111ams	St	Cumberland, Mo	PHYSICIAN: Please undertine the casse to whi	ch death should be charged statistically.	
				22. VIOLENCE: If death was due to external caus		
Burial (Burial, cremstion, or	removal. Which?	Uate there	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory			Cem.	Where did injury occur?(City or town)	(County) (State)	
Location Cumbe	rland,	Md.		Injured at home, farm, industry, public place (who		
1B. Funeral directorH	. Wayne	Geor	ge	Meens of Injury	injured at work?	
	erland,			celon,	Lura	
19. June 2	8, 19 47	Wes	ites & Frank	23/ SIGNATURE	M. D. or other	2
Date rec'd by registr	rsr)/		acture Registrar	Address	Date signed.	1

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ADING INK. Supply every item of information carefully. A Physicians: please write the causes of death clearly and leg

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

-			- /
Reg.	Diat.	No.	 4

Martin South	2411 N. Charle	EPARTMENT OF HEALTH es St., Baltimore 93d. TE OF DEATH Reg. Diat. No
carefully. The corarly and legibly.	1. PLACE OF DOATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Po) newborn infants give residence of mother) State: (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
	3. (a) FULL NAME (a) FULL NAME (b) Color or race (c) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
MARGIN RESERVED FOR BINDING WITH UNFADING INK. Supply every item of in important. Physicians: please write the causes of	8. (b) Name of husband or wife Cruest H. Roomey 6. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 5 5 2 2 1 hrs. min. 9. Birthplace Crown, county, and angle? 10. Usual occupation Crown, county, and angle? 11. Industry or business 12. Name Crown, county, and angle? 13. Birthplace Crown Crown Crown, county, and angle? 14. Maiden name Crown Crown Crown Crown, county, and county crown Cro	2D. DATE DF DEATH. June 9 19 4 7 at 4 5 A.M. 24. VCERTIFY that beath occurred on the date above stated; that I artended deceased pom Mule 19 19 19 19 19 19 19 19 19 19 19 19 19
VS A15 9.45-15M PLEASE WRITE PLAINLY, Wins especially in	16. informant and M. Barrka Address & & Vale Mungland 17. (Burial, cremation, or removal, Which?) Cemetery or crematory Rans Hill Century Location Completed Market Stein Andrews 18. Funeral director Advis Stein Are Address Completed Market M	Autopsy results



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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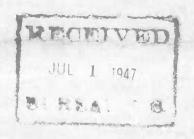
CERTIFICATE OF DEATH

04652

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Ollowy	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death? 30 cyrs.	City or town(If outside aity or town limits, pyrite RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 29 Wable 51
29 majoro St.	(If rural, give LOCATION)
How tong In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Elizate	the ducky Mone
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Formale While Divorced	20. DATE DE DEATH. 200 11 19 47 31 5 00
alan P Ruder	21. 1 CERTIFY that death governed on the date above stated; that I attended depeased from
8,(b) Name of husband or wife.	6/3 1847 to 6/11 19.4
5. (c) If alive, give age	years and that I tast saw h. e.k. alive on 6/3 18.44
deceased (ma., day, yr.) Way 11, 1861	Immediain cause of death
8. AGE: Years Months Days If less than one day	uremia 2 w
86 0 24hrs.	min.
8. 8 rthplace Part Part, Morgan Co Wi	Le Due la Reul anterios clevois? yea
Town, county, and state	(Sembly)
10. Usual occupation.	Due 10
11. Industry or business at Hongs	
12. Name Jack Mutchinson 13. Birthplace	Dither conditions Confusions of back &
	(Include pregnancy within 3 months of death)
14. Malden name Margaret Van Cusda 15. Birthplace Wordan Co - W. Va	You want to be a second of the
16 Birthologo MANAGAL Co - M. 7/2	Major findings of operations
90 10 10 10	Darie of op.
16. Informani	Autopsy results
Address of 5 wicle Une - Joersala Bul	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?) Date thereof (month) (day) (day)	Accident, suicide, or homicide
E VA ET-OUT	Where did Injury occur?
Cemetery or crematory Cossett A. D. J. C.	
Location Jangery W. 19	Injured at home, farm, Industry, public place (where?) to realize alea (1/20/47 alea) Mans of Injury Fall from before flow injured at work?
18. Funeral director	msans of Injury / Secretary Injured at work?
Address Chempelland The	le Musten his
0 0 t 11. Sux	23. SIGNATURE M. D. or other
19 Kindl 4 19 4 7 X Crauklin M. D. (Date rec'd by registrar) Regis	strar Address 115 SCentre St Date signed 6/13/1
4	Cumbertand

JUN 18 1947 BUREAU V.S.

Dr. Mirkin



The correct ADING INK. Supply every item of information carefully. The compassions: please write the causes of death clearly and legibly.

1. PLACE OF

How long in above place Hospital, Institution, or

How long in hospital or 3. (a) FULL NAMI

6. (b) Name of husband

1D. Usual occupation ... 11. Industry or business

14. Maiden na 15. Birthplace 14. Malden name.

16. Informant Address

18. Funeral director,

7. Birth date of deceased (mo., day, y

8. AGE:

FATHER

County. City or town.

4. Sex

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WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04654

CERTIFICAT	TE OF DEATH Rog. Dist. No.
PLACE OF DEATH: Inty or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Last Vany County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
(a) FULL NAME	3. (b) Social Security Number
Wettil Salad	a 2
Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 1947, 21/0:3a.F.M.
b) Name of husband or wife Charles 21. Salada 6.(c) If alive, give age	21. I CERTIFY the death occurred on the date above stated; that I attended discessed from
Birth date of deceased (mo., day, yr.) Leely 8, 1886	and that I last saw h
AGE: Years Months Days If less than one day 10 28hrs. min.	Immediais cause of death
Birthpalany ville Bullond, Pa	Due 10
Usual occupation	Due † 6.
12. Name ama lines	Dther conditions
13. Birthplace Zinhamowo	(Include pregnancy within 3 months of death)
14. Maiden name	Majur findings uf operationa
15. Birthplace	Date of op.
Informant Harry Salada	Autopsy results
Address Lancacaning Miles But thereof (month) (day) (year)	22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide
(Burial, eremation, or removal, Which?). (month) (daf) (year) Cemelery or crematory. Davis Cerully	Where did Injury occur?
Location Davis West Visiging	tnjured at home, farm, Industry, public place (where?)
3. Funeral director	11.1 hall.
Jene 6 1947 Jannetlen Boll (Date rec'd by registrar)	23. SIGNATURE. Huny M. D. or other Address. Date signed much 4.7

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JUN 20 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CEDTICICATE OF DEATE

			- 6	4
Dist.	No.	 		Z

	CERTIFICAT	E OF DEATH	Reg. Dist. No	/
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HON (For newborn infants give resid	lence of mother)	a
City or town (If outside city or town limits, write RURAL a		City or town	County County	
ow long in above place of death? ospital, institution, or street address where death occurred	e.	Street No.	I, give LOCATION)	C
How long In hospital or Institution		2.(a) If veteran, name war		••••
3. (a) FULL NAME Office Sc	hade		3. (b) Social Security 2. 2. 0 - 0.7 -	
4. Sex 5. Color of race (6.(a) Single, married	d, widowed, of divorced	MEDIC	AL CERTIFICATION	6730
male white suc	wild.		e 11 19 4	7. 7:000
8.(b) Name of husband or wife. Aura & . S	e, give age 7.0 years	21. I CERTIFY that death occurred on the	19.40' 10 Jens (1	19.4.7
7. Birth date of deceased (ma., day, yr.) Oct 14, 1871		and that I last saw harm.ailve on	Mexico 10:	19 <i>5</i> 4
8. AGE: Yeare Months Daye If les	se than one day	Immedia: cause of death	y Herenhor	J. DURATION
9, Birthplace Cumberland aller (Town, county, and state)	oney Ci Ty	Due to		***
10, Usual occupation	Lei	Oue to		***************************************
11. Industry or business 12. Name Self-Self-Self-Self-Self-Self-Self-Self-	e .	Other conditions Leggers	eurus	10 200
	/	(Include pregnancy w	rithin 3 months of death)	
14. Maiden name USA Torus		Major findings of uperatious	Date of op.	
16. Informant Mrs. George Sch.	ade	Autupsy results.		
Address 707, Sylvan Ave, Cumb	erland, Md	PHYSICIAN: Please underfine the cau		statistically.
(Burial, cremation, or removal, Which)	(month) (day) (year)	22. VIOLENCE: If death was due to ext Accident, suicide, or homicide		01 00 00 00 00 00 00 00 00 00 00 00 00 0
Cemetery or crematory.	emeloni	Where did injury occur?(City or		(State)
Location Currelectors	med d	Injured at home, farm, industry, public		
18. Funeral director. The I Hade		Means of Injury	Injured at work?	
Address Chulelland	rud	(11/1)	Sunder	
19 xune 14, 19 47 & P. Ba	wklin M. D.	23. SIGNATURE CO. J.	M. D.	or other

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JUN 18 1947 SUREATIVE

gibly

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

important.

PLAINLY, vis especially

PLEASE WRITE

(Date rec'd by registrer)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

e nearest town)

rged statisticatty.

M. D. or other

DURATION

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No
1. PLACE OF DEATH: County Clip or town Clip or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town Street No. 4 (If outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town Outside city or town limits, write RURAL and give nearest town limits and give nearest town li
3. (a) FULL NAME Thingh Inchmiller	Shaffer 3. (b) Social Security Number 714-05-7
4. Sea 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(b) Name of husband or wite	21. I CERTIFY that forth occurred on the date above stated; that I attended deceased from 19. 4.7. to
8. AGE: Years Months Days It less than one day	Julianovery Cubercalon 6
9. Birthplace	Due to
11. Industry or business 12. Name al. setting Shaffer 13. Birthplace Ind.	Dther conditions
14. Maiden name hary his hillist	(Include pregnancy within 3 months of death) Major fieldings of operations
Address Cumberland	Actorsy results
Date thereot	Accident, suicide, or homicide
18. Funeral director. This Stem Sax	Injured at home, farm, Industry, public place (where?)
Address Proceder Land	1. Other Street

JUN 24 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04657

CERTIFICATE OF DEATH

Reg. Diat. No......

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in fants give residence of mother)
County allegany	State Md A County allegany
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 30 44	Oity or town
Hospital, institution, or street address where death occupied:	Street No. 5021.4 echanic St.
allegany Nochtal	(If rural, give LOCATION)
How long in hospital or instrution?	2.(a) It veteran, name war
3. (a) FULL NAME COAL ELIZAGE	3. (b) Social Security Number
Oringe Baarana e	transfold 217-10-1469
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced.	MÉDICAL CERTIFICATION
male white married	20. DATE OF DEATH. 2. 19 4-7 at 9:50P
6.(b) Name of husband or wife Ettel Jrost	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 3 9 years) reve 19 46 10 June 19 4
I f. Birth date of	and that I last saw h un alive on June 12 19. 1
deceased (mo., day, yr.) 8. AGE: Years Honths Days If less than one day	Immediais cause of death Ne planetes, Chronic OURATION
6. Act. 62 11 12	Jan
The line of the UTV	
9. Birthplace (Powr), county and state)	* Oue to
10. Usual occupation: The actions Helps.	_
11. Industry or business Colourse Cons	Oue to
	Other conditions My ocareletes.
12. Name Peter shan holtz! 13. Birthplace Cold stream, W. Va.	
	(Include pregnancy within 3 months of death)
14. Maiden name. Usukenown 15. 8irthplace	Major findings of operations.
21 15. Birthplace	Dale of op
16, Informant	Antopsy results
Address 502 Melanic June 49	22. VIOLENCE: It death was due to external causes, till in the following:
17	Accident, suicide, or homicide
Cemetery or crematory . Inquite Full grave Comiter	Where did Injury occur? (City or town) (County) (State)
C. Dand J. J. J.	Injured at home, farm, Industry, public place (where?)
Localion	Maans of Injury Injured al work?
18. Funeral director.	
Address Courterland hit	23 SIGNATURE RUNEvaskes, J. Mh
19 June 14, 1947 & P. Franklini, M. D.	Cumberland Well M. D. or other
(Date red d by registrar) Registrar	Address Cumvelland, Ma Date signed Official

5 0 E Law JUN 18 1947 BUREAU 5 8 MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County (1)	State Md County Alleganis
(If outside city or town limits, write NURAL and give nearest town)	70' + / / / / / /
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Edward Burgess	Shipway 3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white marries	20. DATE OF DEATH Suice 25 19.47 at 8.9. M
6.(b) Name of husband or wife Black Shipmay	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
8.(c) If alive, give age DO years	July 24 1847, 10 Jule 25 1847
7. Birth date of deceased (mo., day, yr.) Sur / // /879	and that klast saw house alive oo frank 25 1947
8. AGE: Years Months Days It less than one day	Immediate cause of death DURAJION LEAST LAWRENCE 14 RES.
68 /3hrsmin.	
9. Birtholace Fullow Co Pa	Due to Hypertensian
(Town, county, and state)	
10. Usual occupation	Due to.
11. Industry or business	
12. Name Richard Shiftwarf 13. Birthplace	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Sabel Patter 15. Birthplace S Peruspeglyania	Major findings of operations.
15. Birthplace plumpylvania	Date of op.
18. Interment John Julysway	Autopsy results
Address / Thinkstone Md	22. VIOLENCE: It death was due to external causes, fillt in the following:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemelery or crematory Fairview considers	Where did injury occur?
Location arterges Parrieral Belford Co	Injured at home, farm, Industry, Public place (where?)
18. Funeral director Ephrain Smith	Means of Injury Injured at work?
N.1- P	and mot my
Address alleman 1.	23. SIGNATURE M. D. or other
19 Con 26 19 47 Nins & Banker Registrar	Addre All Oleans MA Bate signed 6/25/47

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WUREAU VB

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Battimore CERTIFICATE OF DEATH Reg. Diat. No 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully of death clearly and How long in above place of death?... How long in hospital or institution?..... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married widowed, or FOR BINDING 6.(b) Name of husband or wite..... 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: It less than one day RESERVED 12. Name 13. 8irthplace (Include pregnancy within 3 months of death) ecially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following Accident, suicide, or homicide..... Where did Injury occur? (City or town) injured at home, farm, Industry, public place (where?) . Meens of Injury PLEASE 23. SIGNATURE

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JUN 26 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

01	66%	
11.75	MANA	
Dist. No.		

	CERTIFICATE OF DEATH
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ALLEGANY	***************************************
City or lownCUMBE. IAND	State MARYLAND County ALLEGANY
(If outside city or town limits, write RURAL at How long in above place of death?	
How long in above place of death	Sireet No. CRESAPTOWN MD.
MEMORIAL HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution? 12 HOURS	2.(a) If veleran, name war
3. (a) FULL NAME Bake Boy	Skelley 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, parried,	MEDICAL CERTIFICATION
MALE WHITE NEW BO	RN 20. DATE OF DEATH 4 19 4 7 21 / 2 6
6,(b) Name of husband or wife	21. I CERTIFY Ihal death occurred on the bale above stated; that I allended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
Cemelery or crematory Method Standard Localion Micros Advanced Localion Micros Advanced Localion Local	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Address 19. June 17. 19.47 Gentles Date rec'd by registrary	R. manto M. Address 1/2 Seffer 8 Date signed S June

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and certified.

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JUN 18 1947

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UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04661

M. D. or other

/			CERTIFICA	TE OF DEATH	Reg. Dist. No.
How long in above pla Hospitat, institution,	LEGANY UMBERLAND f outside city or town li ace of death? or street address where	death occurred		City or town	County ALLEGANY ND mits, write RURAL and give nearest town) NGTON STREET give LOCATION)
3. (a) FULL NA	ME			9	3. (b) Social Security Number
	DIXON C	ONLEY	SLOAN		214-05-4493
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL	CERTIFICATION
MALE	WHITE	S	INGLE	20 DATE DE DEATH JUNE 15.	19.47 .6:15 P
6.(b) Name of husband or wife		and that I last saw balive on	19. 10 19.		
deceased (mo., day, yr.) NOVEMBER 8, 18967 8. AGE: Years Months Days If less than one day 50 hrs. min. 9. Birthptace			If less than one dayhrsmi	Immediate cause of death	DURATION
10. Usual occupatio	GLASS.		acturer	Due 10.	
12. Name. MATHEW SLOAN 13. Birthplace MARYLAND				Other conditions	
14. Malden nar 15. Birthplace	MARYLA		起来中心经验。	Major findings of operations	b Date of op. All.
16. Intermant MEMORIAL HOSPITAL				PHYSICIAN: Please underline the cause to	o which death should be charged statistically.
Address CUMBERLAND, MARYLAND 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Allegany Cem.			eof June 17 194 (month) (day) (year)		
Location Frostburg, Md. 18. Funeral director Louis Stein, Suc.				Injured at home, farm, industry, public place Means of Injury	(where?)
Address Cumberland, Md.				1608	id illed

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PLEASE WRITE PLAINLY, is especially VS AJ5

Sate rec'd by registrat)

JUN 24 1947

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MANKALVIII	NIAIR	DEPARTMENT	8 B M	HEALT

CERTIFICATE OF DEATH

	DEPARTMENT OF HEALTH arlea St., Baltimore 93 d 04662
CERTIFICA	ATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County. Allegany City or tows. Barton-Rural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 26 VPS Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md. County Allegany City or town. Barton-Rural (If outside city or town limits, write RURAL and give nearest town) Street No. Mi. South of Barton (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
Joseph Nathern Smith	3. (b) Social Security Number 220-07-6581
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION June 29 47, at 7, 45
5.(b) Name of hysbend or wite Sarah Trenum Smith 5.(c) It alive, give age 50 year deceased (mo., 4ay, pr.) Aug 9, 1886 8. AGE: Years Months Days If less than one day hrs. mit	are and that I last saw halive on 62 2 5 5 19
10. Usual occupation. Laborer 11. Industry or business Paper-Mill. 12. Hame Thomas Smith	Due to
Jane Price 14. Maiden name. Virginia Virginia Virginia	(Include pregnancy within 3 months of death) Majur findings of operations
Mrs Joseph Smith Address Barton, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Barial Bate thereot July 2, 47 (Burial, cremation, or removal, Which?) Cemetery or crematory Philos Cem. Location Westernport Ellsworth S. Boal	22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Address Westernport Md [19] (Date of 'd by registrar) [19] (Registrar)	23. SCHATCHE Decree M. D. or other

JUL 3 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICAT	E OF DEATH Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn infants givo residence of mother) State County County County (If outside city or town limits, write RURAB and givo noarest town) Street No. 2 4 (If rural, give LOCATION) 2.(a) If veleran, name war
3. (a) FULL NAME Gelda Stein	3. (b) Social Security Number
Female White Widowed, or divorced Female White Widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH. J. 150 P. N
8. (b) Name of husband on wife Alexandra Section 1884 ? 8. AGE: Years Months Days If less than one day	21. I CERTIFY that doubt occurred on the date above stated; that Lattender deceased from 19. 4 7. Immedia: cause of death
9. Birlhplace	Oue to Fracture left Jamoras June 1/46 Due to
12. Name 12. Name 13. Birthplace 14. Malden name 14. Malden name 15. Name 16. Name 1	Other conditions
16. Informant Harry Stern Address Comberland Ind. 17. Basial Bate thereof James 20, 47	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of
(Burial, cremation, or removal, Which?) Cemelery or crematory	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director damia stains and	Means of Injury Fell at home Injured at work?
19 Cure 20, 19 47 Wenter frank M. Date ree'd by registrar)	Address 115 S. Centre St. Date signed 6-19-47

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully no correct age important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, v is especially

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JUN 24 1947

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DR. HO DGES MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

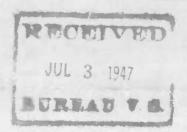
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Reg. Dist. No.

1. PLACE AR DECATORY County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 521 FAYETTE ST.
MEMORIAL HOSPIRAL	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
BABY GIRL STRIDE PREMATURE INFA	ANT
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE SINGLE	JUNE 29, 19 47 5; 32 A.M.
	20. DATE OF DEATH 19 19 21
6.(b) Name of husband or wife	21. I CATIFY that death occurred on the date above stated; that Vattended deceased from
	and that I last saw h A alive on 18
7. Birth date of deceased (mo., day, yr.) JUNE 23, 1947	A(/
8. AGE: Years Months Days If less than one day	Immedia cause of death DURATION
7brsmin.	
Punter and allegares Co. M.	the translate wan 6 day
9. Birthplace (Town, county, and state)	Due to 7 Mars tha
1D. Usual occupation.	
11. Industry or business	Due to
	Pitter and time
12. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name AUDREY JOLLEY 15. Birthplace MD. Allegamy Courts	Major findings of operations
15. Birthplace MD. allegames County	Date of op.
16. Informant Ms. Heigh Astrille,	Autopsy results
Address Cumberland Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 1 1647	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory from Medianual Clin	Where did injury occur?
Mr. howard ma	Injured at home, farm, Industry, public place (where?)
Location Control of the Control of t	Means of Injury / Injured at work?
18. Funeral director Addles of Storial	
Address Cumberland, Md	My Hodges W. ()
1 0 0 1 113 With District Du	23. SIGNATURE M. D. or other
(Date rec'ory registrar)	Address (Limbballe 1 1/0 Date signed 6/30//

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legi MARGIN RESERVED FOR BINDING WRHE PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 07

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contectage	DR SCHINDLER	CERTIFIC
information carefully. The color death clearly and legibly	1. PLACE OF DEATH: county. Allegany City or town. Cumberland (If outside city or town limits, write RURAI How long in above place of death? So year Hospital, institution, or street address where death occurred: Memorial Hospital How tong in hospital or institution? 18 days 3. (a) FULL NAME	
informs of deat	Mrs. Clara Taylor	ried, widowed, or divorced

Charles Elv.

(Burial, cremation, or removal, Which?)

Margaret Shelly

Stounton, Val

Cumberland Date thereof June 7, 1947 (month) (day) (year)

Registrar

CERTIFICATE OF DEATH

State Maryland

	4	2	U	()	1)	. 1
Reg.	Diat.	No.		••••	•••••	4

Allegany

2.(a) If veteran, name war	
Z.(U) 11 veterall, liame wat	
	3. (b) Social Security Number
	Hone
MEDI	CAL CERTIFICATION
20. DATE OF DEATH June 5,	, 147 at 1:30
21 CERTIFY that death occurred on	the date above stated; that Lattended deceased from
Muzi25	1947, 10 gre 5 194
and that I tast saw h alive or	19 4
Immediate cause of death	/
Brushy -	W. Conspination 100
Due to. Q	
Reverland	artennelin za
Due to	-
Other conditions	
(Include pregnancy	y within 3 months of death)
Antopsy results	
PHYSICIAN: Please underline the	cause to which death should be charged statistically.
22. VIOLENCE: If death was due to	external causes, fill in the following;
Accident, sulcide, or homicide	
Where did Injury occur?(City	y or town) (County) (State)
njured at home, farm, Industry, publi	c place (where?)

Inemsto

USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

3. (a) FUL		Teres	100	
MI'S •		Taylor Color or race	6.(a)Singl	e, married, widowed, or divorced
Female	W	hite	Widov	ved
	husband or w	He Jaco	b Taylo	
7. Birth date (husband or w	Novembe	b Taylo	oryears
7. Birth date (husband or w	n. Jaco	b Taylo	c) If allve, give ageyears 6 5 If less than one day

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ADING INK. Physicians: pl

11. Industry or business

13. Birthplace

14. Malden name.

14. Malden na 15. Birthptace

1B. Funeral director

(Date rec'd by registraf)

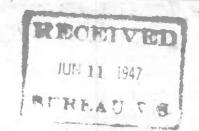
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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: COUNTY ALLE GANY	2. USUAL RESIDENCE (HOME) 0. (For newborn infants give residence of	F DECEASED:
	State MARYLAND Cou	oly ALLEGANY
City or town	City or town	s, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streel No. 951 BRADDOC	
MEMORIAL HOSPITAL	(If rural, give	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
EDITH L TAYLOR		More
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced		ERTIFICATION
FEMALE WHITE WIDOW	20. DATE OF DEATH June 27,	1947 , 21 3:30
6.(6) Name of husband or wife	21. ICERTIFY that death occurred on the date abo	ve stated; that I attended deceased from
7. Birth date of	and that I last saw h. La alive on 6	-23, 45 19
deceased (mo., day, yr.) SEPT 2, 1870	Carlies consend death 1/2	DURATION
8. AGE: Years Months Days If less than one day	tente of such	oragie
76 9 25min.	Paul	£:0
9. BirthplaceLONDON ENGLAND (Town, county, and state)	Old Come	<i>u</i> 0
10. Usual occupationHOUSEWIFE	a car mono	a dienes
11. Industry or business	Ageun & are	Mey Calors
E 12. Name MEYERS. HARRY	Re Continue Tale a tis	
13. Birthplace ENGLAND	o opening the	T /
	(Include pregnancy within	mays of death)
	flaor fighting of openions	(-2 > 11/
Mng Albert W Keight	and all the	Olegon
Address 951 Braddock Rd. Cumberland, Md	PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.
	22. VIOLENCE: If death was due to external cau	uses, till in the following;
Burial (Burial, cremation, or removal, Which?) Bate thereof June 30, 1947 (month) (day) (year)	Accident, suicide, or homicide	
Cemelery or cremalory Rose Hill Cem.	Where did injury occur?(City or town)	(County) (State)
Il Cumherland Md.	Injured at home, tarm, Industry, public place (w	
18. Funeral director. H. Wayne George	Masns of Injury	Injured at work?
Il Cumbenland Md	ALIK	77 '
Address Gumbertand, Md.	23. (SIGNATURE	Jeus.
19 Lune 28, 1947 Winter K. Franks, 6	¥. D.	M. D. or other
(Date ree'd by registrar)	Address	Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERT	THI	CA	TE	OF	DEA	TH
CERI		L.A		VI		

Dr 3 m 04667

CERTIFICAT	E OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Winte Wilowed	20. DATE OF DEATH June 19 1947, 113:20 P.
6.(b) Name of husband or wife Chanles F. Underdonk 6.(c) If allive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dato of deceased (mo., day, yr.) 5 July 1867	and that I last saw h
8. AGE: Years Months Days It less than one day	Churcular Febriliston 1 mo
9. Birthplace Sharpsburn, Munchand (Town county, and state)	Due to
10. Usual occupation.	Due to
11. Industry or business	
12. Name	Other conditions
13. Birthplace Sharpsburg YM.	(Include pregnancy within 3 months of death)
14. Maiden name. United States 15. Birthplace	Major findings of operations.
	Date of op.
16. Informant mo. Walter naff	Autopsy results
Address 318 Cambaland Sq Cumberland Mil	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Citizens Cemetern	Where did Injury occur?
Location Shampsling Mrs.	Injured at home, farm, industry, public place (where?)
Danie Ottor Z	Msans of Injury trijured at work?
18. Funeral director	a Commenter M
19 Kune 21, 19 47 Winterk tranty M. A. (Date rec'd by registrar)	Address Bato signed

BINDING MARGIN RESERVED FOR WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legible

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg, Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County. Clegawy	(For newborn infants give residence of mother)
City or town. (If outside city or town fimits, write RAPAL and give nearest town)	State County County
	City or town Malfla Janua Black Hadlaged
How long in above place of death?	(If futside city or town limits, write RURAL and rive nearest town)
mures taspitala	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3 (a) FULL NAME	3. (b) Social Security Number
Mistelara Antles Wagus	
4. Sex 5. Color or sece 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Gernala Strite Midowed	20. DATE OF DEATH JUNE 30 1847 21/2 A M
6.(b) Name of husband or wife muss shares	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 47, 10 June 30 19 45
7. Birth date of	and that I last saw here ative on
8. AGE: Years Month's Days If less than one day	Immediaic cause ol death
70 1 00	12-11-1
2 29hrsmln.	- Jackure ST / PV5 Day
9. Birthplace Trans Lite Leav Mediana	Die to
(Town, county, and state)	Cutturo selecoso
10. Usual occupation Sulla Management	Due to
11. Industry or business, Cana 200 21	Deretila
12. Name Henry Tilles	Other conditions.
13. Birthplace Tanis/ Pit - Mear Midaud 110	
m Q · b	(Include pregnancy within 3 months of death)
E 14. Maiden name.	Major findings ol operations
15. Birthplace, allerwy	Date of op.
16. Intermant / 122 Salern 15 ar	Autopsy results
012 1/2 / 201	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Middle Address & Middle Address	22. VIOLENCE: If death was due to external courses, fill in the following:
(Burisl, cremation, or remove). (Which?)	Accident, suicide, or homicide. accident Bate of June 20194
11/1/00 DMM (306/14TM)	Where did Injury occur?
Cemetery or crematory	
Location The Location The Location Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director, All Gallen,	Meens of Injury Injured at work?
4	(An)
Address for a command, your	23. SIGNATURE.
18 6-30 1847 My Hayey N. Mas	1. D. or other
(Date rec'd by registrar) Registrar	Address Address Total Address Signed Son Total



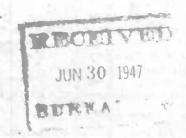
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(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newmen infants give residence of mother) (If outside city or town limits, write RURAL and give nearest (own) How long in above place of death Hospital, institution, or street address where death occurred: (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION 20. DATE OF DEATH death occurred on the date above stated; that I attended deceased from deceased (mo., day, yr.) DURATION If less than one day Days Months 8. AGE: Years 18. Usual occupation. 11. Industry or busines (Include pregnancy within 3 months of death) PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the toilowing: Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, tarm, industry, public place (where?) Means of lajury Injured at work?



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases of death clearly and legibly. MARGIN RESERVED FOR BINDING

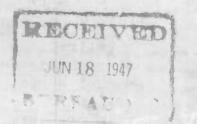
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

CERTIFICATE OF DEATH

04969 Reg. Diat. No.

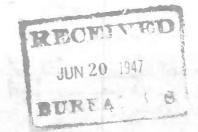
1. PLACE OF DEATH: COUNTY Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Tono	Siate Md. County Allegany		
City or town PURAL PINTO Lane (If outside city or town limits, write RURAL and give nearest town)	City or townRural) Pinto Lane (If outside city or town limits, we to RURAL and give nearest town) near Cresaptovm Md.		
How long in above place of death?	(If outside city or town limits, write RURAL and give nea	reat town)	
Hospital. Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security	Number	
Charles A. Wertz	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white Widowed	20. DATE OF DEATH June 13 19.47	, al	
6.(b) Name of husband or wife Elizabeth Shultz Wertz	21. I CERTIFY that death occurred on the date above stated; that I altended dece		
		19	
7. Birth date of	and that I last saw him ampead June 13	18 4.7	
deceased (mo., day, yr.) Jan. 26 -1869	Immediate cause of death	DURATION	
8. AGE: Years Months Days If less than one day	Carcinoma of the face	several	
78 4 17min.		years	
9. Birthplace. Bedford Co. Penna. (Town, county, and state)	Due to	*	
10. Usual occupation. Retired			
11. Industry or business State Roads Commission	Due 1o	.,	
	Other conditions		
	(Include pregnancy within 8 months of death)		
14. Maiden name Ella Zimmerly 15. Birihplace Penna.	Major findings of operations		
15. Birlhplace Penna.	Ogte of op.		
18. Informant Mrs. Marshall McKenzie	Autopsy results.		
	PHYSICIAN: Please onderline the cause to which death should be charged	statistically.	
Address R.D.#5 Box 391 Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Burial Date Ihereof June 16,1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory. Pinto Cem.	Where did injury occur?		
Location Pinto, Md.	Injured al home, farm, Industry, public place (where?)	***************************************	
18. Funeral director Charles L. George	Means of Injury Injured at work? Reputy Medical Examiner - All	egany Co.	
Address / / Cumberland Mdy /	23. SIGNATUREH. V. Deming M.D. H. V. Sza	in MS	
(a) e/a/ , in	M. D.,		
19. (Date rec'd by registrar) 19. Registrar	Address sambuland Md Dale signed.	0/14/47	



CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	0
ounty allegany		
ty or town	State County County	egun
	City or town	
w long in above place of death?	(If outside city or town limits write RURAL and	give meareat to do
pital, institution, or sicerculariess miles during occurred.	(If rural, give LOCATION)	
The contraction of the contracti		
ow long In hospital or institution?	2.(a) It veteran, name war	***************************************
(a) FULL NAME	3. (b) Social Se	curity Number
Sex 5, Sofor or race 6,(a) Single, married, widowed, or divogage	Mello	
. Ser 5. Color or race 6.(d) Single, married, widowed, or divorced	MEDICAL CERTIFICATIO	N
for Bollete hadened	2D, DATE OF DEATH WINE 19.	47,25
7 1101 #	21/1 CERTIFY that dearn occurred on the date above stated; that hattened	ded deceased from E.S.
(b) Name of husband or wife Samp Willell	The state of the s	
6.(c) If alive, give age	rears / / / / / /	4
Birth date of	and that I last saw h 7/4 alive on	19
deceased (mor, way;)	Immediate cause of death	DURATION
. Auc.	Myputensive Tract Musi	are 6
63 9 × 21 hrs.	min. Coronary occlusion	2 his
Barde In Williams	A Rue to	
Birthplace (Town (county, and state)	0.2	
D. Usual occupation Nance		
· ·	Due to	***************************************
1. Industry or business		***********
12. Name Maller Greense	Dithes conditions	11 2000
13. Birthplace (Constant	(Include pregnancy within 3 months of death)	4 2004
14. Malden name Qay Boxe	(Include pregnancy within shorters of death)	
14. maiucii name	Major findings of operations	
15. Birthplace	Date of o	p
16. Informant Miss Tatje Wellell	Autopsy results	
d. 1111.	PHYSICIAN: Please underline the cause to which death should be	charged statistically.
Address mayor man, ma	22. VIOLENCE: tt death was due to external causes, fill in the following	g:
17 Busial Date thereof 6 - 20-197	Assistant suitaide or homiside	
(Burial, cremation, or removal, Which?) (month) (day) (year)		
Cemetery or crematory.	Where did injury occur?(City or town) (County)	(State)
Franklind Lul	Injured at home, tarm, industry, public place (where?)	
Location	Meens of Injury Injured at wo	
18. Funeral director and the first terms of the fir		01 20.
Address That Ing Ind.	- Hilda Jausle al	Tustu
1 A D	23. SIGNATURE	M. D. or other
19. 6-18 19 47 Mas Malley 14 0	Frostruse me	signed 6/17/
(Date ree'd by registrar) Regi	Address	018 IICH

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1. PLACE OF DEATH:

Cumberland, Md.

County Allegany

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MARYLAND STATE DEPARTMENT OF HEALTH

Registrur

2411 N. Charles St., Baltimore 932

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CERTIFICATE OF DEATH

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Reg. Diat. No.
ASED:
legany
URAL and give nearest town)
ом)
) Social Security Number
20-16-6954
ICATION
1947 ,a. 2:15 A
that I attended deceased from
7 / 19

DURATION

(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Memorial Hospital How long in hospital or institution?			l:	Clity or town. Cumberland (1f outside city or town limits, write RURAL and give nearest town) Street No. 55 Boone St. (1f rural, give LOCATION) 2.(a) If reteran, name war.		
					3. (b) Social Security Number 220-16-695	
Mr. Bradfo	5. Color or race	8.(a)Single	e, married, widowed, or divorced	MEDICAL	ERTIFICATION	
	White	Wid	owed	20. DATE OF DEATH June 9		
			ams	21. I CERTIFY that death occurred on the date at	pove stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr			e) If alive, give ageyears	and that I last saw h	19/47 DURA	
8. AGE: Years 66	Months 7	Days 24	If less than one dayhrsmln.	Mysensial	tacher 5	
9. Birthplace 10. Usual occupation 11. Industry or business	Salesman	county, and	Maryland tate)	Due to. Due 10.	ditis	
		arylan	d ·	Other conditions		
14. Malden name	Emma Fis	her		Major findings of operations		
16. Informant Mr.	Simeon	T. Wi	lson Md.	Autopsy results		
Burial (Burial, cremation,	or removal. Which?	Date then	eot June 11, 1947	22. VIOLENCE: It death was due to external ca	Date of	
			Cem.	Where did injury occur?(City or town) Injured at home, farm, industry, public place (i		
18. Funeral director. Charles L. George				Means of Injury	Injured at work?	

2. USUAL RESIDENCE (HOME) OF DECE. (For newhorn infants give residence of mother)

Siate Maryland County Al

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47d

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME Joung	3. (b) Social Security Number 270-07-6773
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Maniel	MEDICAL CERTIFICATION // 20. DATE OF DEATH 2 1 Wave 1947 at 3:15 P
8.(b) Name of husband or wite Sentrule Henkel 8.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 4. Other 1888	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 24 March, to 2 June 19 4 and that I last saw h.im. alive on 29th of May 18.4
8. AGE: Years Months Days If less than one day 58 7 28	Immedia: cause of death Carcinoma of the lung with generalized carcinomatosis 8 mc
9. Birthplace	Coronary heart disease 2 yr
12. Name william grand 13. Birthplace M.A. 14. Maiden name Forces Harrison	Other conditions
14. Maiden name Frances Harrison 15. Birthplace Md,	Major fiudings of operations
Address 715 Schriver Chr Cumbban M. 17. Bate thereof. (month) (day) (year) Cemetery or crematory 7. Suke's Cumathy.	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Location Location As us time Succession Location	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address Cumbuland M 18. LULL 5 19 4 7 J. P. Franklin, M.D. Registrar (Date ree'd by registrar)	23. SIGNATURE W. alfred Va and M. D. or other Address 110 S. Centre St. Date signed 4 June

FOR BINDING MARGIN RESERVED

